

MS
**Mississippi
 Affidavit In Support Of
 Reservation Indian Income Exclusion From
 Mississippi State Income Taxes**

Form 80-340-02-5-1-000 (Rev. 6/02)

RC	TS	
For Computer Use Only - Do Not Write Above This Line		

_____ Tax Year

Last Name	Your first name & middle initial	
Mailing Address (Number & Street, Including Rural Route)	County	Your SSN
City or Town	State	ZIP
Your occupation		

Indian Status

- (a) I am a Mississippi Choctaw Indian. Yes No
- (b) I am a member or am eligible for membership in a Federally recognized Indian Tribe other than the Mississippi Band of Choctaw Indians. Yes No OR
- Name of Tribe _____

Reservation Residency

- (a) During _____ I lived on the Mississippi Choctaw Indian Reservation for (Check one box ONLY below)
- The entire year.
- Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation)
- I did not live on the Choctaw Reservation during _____
- (b) My place(s) of residence on the Choctaw Reservation during _____ was (were) located on (Check one or more boxes below)
- A tribal housing site lease.
- A Choctaw housing authority house site.
- A BIA dormitory or house.

Reservation Income

- (a) During the months I lived on the Choctaw Reservation in _____, I earned the following income from work on the Choctaw Reservation _____.
- (b) My employer(s) for my on-reservation work during _____ was (were) the (Check one or more boxes below)
- Mississippi Band of Choctaw Indians.
- Bureau of Indian Affairs.
- Indian Health Service, USPHS.
- Other:

Name of Employer _____ Employer's Phone _____

Employer's Address _____

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973).

THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the return. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Your Signature _____
Date

Preparer's Signature _____
Date

**Mail this form and your State Tax Return to
 Office of Revenue
 P.O. Box 23050
 Jackson, MS 39225-3050**