



Mississippi Resident AMENDED Individual Income Tax Return

2011

Page 1

WII A

Duplex or Photocopies NOT Acceptable

Form fields for Taxpayer Last Name, First Name, Middle Initial, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address, City, State, Zip

Form fields for SSN and Spouse SSN

YOU MUST ENTER SSN

Residence County Code - See Instructions

- 1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12.
4. Head of Family - Enter \$8,000 on Line 12.
5. Single - Enter \$6,000 on Line 12.

- 7. Mark "X" ONLY if:
Taxpayer Age 65 or Over
Taxpayer Blind
Spouse Age 65 or Over
Spouse Blind

Table with 3 columns: (A) Name, (B) Relationship, (C) Dependent SSN

- 8. Number of Dependents Listed on Line 6.
9. Number of Boxes Marked "X" on Line 7.
10. Total of Line 8 plus Line 9.
11. Line 10 x \$ 1,500 =
12. Enter Amount from Lines 1 through 5.
13. Total (Line 11 plus 12).
14. If Filing MFS Returns, Enter 1/2 of Line 13.

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Main tax calculation table with rows 15-33 and columns for Taxpayer, Spouse, and Total.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail REFUND To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail All Other Returns To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.



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Social Security Number Page 2

SSN input fields: [ ] - [ ] - [ ]

Example:



## OTHER INCOME

If showing a loss, shade minus (-) in box.

### Column A (Taxpayer)

### Column B (Spouse)

34. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)	<input type="checkbox"/>	00	<input type="checkbox"/>	00
35. Capital Gain (Loss) (Must Attach Federal Schedule D)	<input type="checkbox"/>	00	<input type="checkbox"/>	00
36. Rent, Royalties, P-Ship, S-Corps Trusts, etc. (Must Attach Federal Schedule E)	<input type="checkbox"/>	00	<input type="checkbox"/>	00
37. Farm Income (Loss) (Must Attach Federal Schedule F)	<input type="checkbox"/>	00	<input type="checkbox"/>	00
38. Interest Income		00		00
39. Dividend Income		00		00
40. Alimony Received		00		00
41. Taxable Pensions and Annuities (Must Attach 1099-R)		00		00
42. Unemployment Compensation (Must Attach Form(s) 1099-G)		00		00
43. Other Income (Loss) (Must Attach Schedule N)	<input type="checkbox"/>	00	<input type="checkbox"/>	00
44. Total Other Income (Add Lines 34 through 43. Carry Amts. to Page 1, Line 16)	<input type="checkbox"/>	00	<input type="checkbox"/>	00

## ADJUSTMENTS TO GROSS INCOME

45. Payments to IRA		00		00
46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans		00		00
47. Interest Penalty on Early Withdrawal of Savings		00		00
48. Alimony Paid (Must Complete Schedule P Below)		00		00
49. Moving Expense (Must Attach Federal Form 3903)		00		00
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)		00		00
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)		00		00
52. Self-Employed Health Insurance Deduction		00		00
53. Health Savings Account Deduction		00		00
54. Total Adjustments (Add Lines 45 through 53. Carry Amts. to Page 1, Line 17)		00		00

### Schedule P - Alimony

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name

SSN of Recipient

State of Residency

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ( )	Paid Firm Identification Number [ ] - [ ] - [ ]
Spouse Signature (If joint, BOTH must sign)	Date	Paid Preparer Social Security Number or PTIN [ ] - [ ] - [ ]
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)
Paid Preparer Phone ( )	Paid Preparer Address	

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