Form 80-105-10-8-1-000 (Rev. 05/10)

Mississippi Resident Individual Income Tax Return 2010

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| Page | 1 |

| aii | 801051081000 Duplex or | Photocopies NOT Acc | ceptable | | | Page 1 | |
|-----------------------|--|---------------------------------|----------------------|---------------------|---|----------------------|--------------|
| SS9 ⊤ | axpayer Last Name | Taxpayer First Name | Middle Initial | Taxpayer : : | · · · · · · · · · · · · · · · · · · · | | |
| \ddress | Spouse Last Name | Spouse First Name | Middle Initial | Spouse : | | | |
| ⊗ M | Aailing Address (Number & Street, Including Rural Route) | - + | - ! | SSN : | | | |
| ame o | iity | State Zip | | ▲ YO | U MUST | FENTER SSN | 1 |
| 4 | | | | Residence | ∋ County Code | e - See Instructions | |
| | 1. Married - Combined or Joint Return - E Married - Spouse Died in Tax Year - Please | . , | taxpaver | | "X" ONLY if: payer Age 65 or Ov | ver Taxpayer Blind | |
| tior | Enter \$12,000 on Line 12. Enter Spouse | Name and SSN in boxes provide | ded above. | | | | |
| Щ | SSN in boxes provided above. (Cannot | t change from Joint to Separate | -ft d d-4- \ | | use Age 65 or Over ber of Dependents | — • | · · · . : |
| | 4. Head of Family - Enter \$8,000 on Line Dependent Living in the Home with You or | | lationship of the | ıpti | • | | : |
| and | 5. Single - Enter \$6,000 on Line 12. 6. Dependents (In column (b) Must ente | | <u>or relative).</u> | | ber of Boxes Mark | | : |
| us e | (a) Name i _ i (b) i _ i | (c) Dependent SSN | | | of Line 8 plus Line | | |
| Status | | | | | 10 x \$ 1,500 = | | 00 |
| ng S | | | <u> </u> | | r Amount from ss 1 through 5. | | 00 |
| | | | įį | | I (Line 11 plus 12). | | 00 |
| | | - : : - : | | 44 If Fili | ling MFS Returns, er 1/2 of Line 13. | | 00 |
| Tax | If Filing a Combined Return, Use Column A for payer and Column B for Spouse, Otherwise Use Column A ONL instructions in booklet. | y. see Column A (Ta | xpayer) | Round to N Dolla | learest | Column B (Spouse) | ١ |
| | 15. Wages, salaries, tips, etc. (Must Attach W-2s) | | | 00 | : · · · · · · · · · · · · · · · · · · · | | 00 |
| | 16. Other Income (Amount from Line 46, Page 2 of this Form) | | | 00 | | | 00 |
| | Page 2 of this Form) Adjustments to Gross Income (Amount 17. from Line 56, Page 2 of this form) | | | 00 | | | 00 |
| | Mississippi Adjusted Gross Income | | | | | | 00 |
| ωc | Standard or Itemized Deductions (For Itemized | (F) | | | (H) | | |
| | 19. Deductions, Must Attach Sch. A, Form 80-108) Amount of Exemption | Y' / | | 00 | V''/ | | 00 |
| | 20. Line 13 (Line 14 if Married Filing Separately) | , | | 00 | | | 00 |
| | and 20) See Instructions (If less than 0, enter 0) | | | 00 | | | 00 |
| _ | 22. Total Income Tax Due (From Schedule of Tax Comp | putation, Page 2 of this form) | | | | | 00 |
| | 23. Mississippi Income Tax Withheld (Must Attach W | V-2s.) | | • | (W) | | 00 |
| | 24. Estimated Tax Payments and/or Amount Paid wit | th Extension | | > | (E) | | 00 |
| o | 25. Credit for Income Tax Paid to Another State (Mus | | ed with other St | tates) | (S) | | 00 |
| S S | Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-49) | 2) | | • | (0) | | 00 |
| | 27. Total Credits (Add Lines 23 through 26) | | | | 1 | | 00 |
| : | 28. Enter the Amount of Overpayment If Line 27 is La | arger than Line 22. | OVERF | PAYMENT | | | 00 |
| _ | 29. Amount of Overpayment to be Applied to Your Ne | | | • | (C) | | 00 |
| one | Voluntary Contribution Check-offs (From Form 80 | erejo o Torierejo erejo | | nd Z in Right C | | | ∶∪∪ |
| ce [| 30. (L) | (N) : : : : | (Z) : : | | ······· : : | | 00 |
| alan | (K) (M) | | | | · UL | | |
| r B | 31. Amount of Overpayment to be Refunded to You | (Subtract Lines 29 and 30 from | n Line 28) | REFUND▶ | • (R) | | 00 |
| Refund or Balance Due | 32. Enter Balance Due If Line 22 Is Larger Than Line | ∋ 27. | BALA | ANCE DUE | | | 00 |
| Refu | 33. Interest on Underpayment of Estimated Tax Payr | | | • | • (I) | | 00 |
| | 34. Late Payments - Interest @ 1% Per Month | | , | | (T) | | |
| | 35. TOTAL DUE (Add Lines 32, 33, and 34.) Me | ust Attach Check or Money Ord | der for Total | OTAL DUE > | ``` | | 00 |
| | Due payable to: Department of Revenue (E | | | TOTAL DUE | ► (V) | | 00 |

| Form | 80- | 105- | 10 ₋ 8. | 2-000 | (Rev | 05/10) |
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Mississippi Resident Individual Income Tax Return 2010 SSN Page 2

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|-------------------------------|------------------|--|---|---|---------------|-----------------------|------------------------------|---------------------------------------|---------------------------------------|--------------------|-------------|---------------------------------------|
| | | If showing a shade minus (-) | | : [-] | Column A | (Taxpa | yer) | | Col | lumn B (S | pouse) | |
| | 36. | Business Income/(Loss (Must Attach Federal | | | | | | 00 🗀 | | | | 00 |
| | 37. | Capital Gain (Loss) (Must Attach Federal | Schedule D) | | | | | 00 . 🗀 | 1 | | | 00 |
| | 38. | Rent, Royalties, P-ship | • | | | | : | 00 ਛ | 5 5 | | | 00 |
| | 39. | Farm Income/(Loss) (Must Attach Federal | • | | | | · · · · · <u>·</u> · · · · · | 00 a □ | 1 | | | 00 |
| me | 40. | Interest Income | ochedule i , | — | | | | 00 ts | · · · · · · · · · · · · · · · · · · · | | | 00 |
| ncom | 41. | Dividend Income | | | | | | eare | | | | 00 |
| erli | | Alimony Received | | | | | | Z | | : | | 1 |
| Othe | 43. | Taxable Pensions and | Annuities (Must Attach | | | | | 00 e | | | | 00 |
| 0 | 44. | 1099-R) | ensation | | | | | 00 puno | | | | 00 |
| | | (Must Attach Form(s) Other Income (Loss) | 1099-G) | | | | | ~ | | | | 00 |
| | 45. | (Must Attach MS Scho | • | | | | | 00 — | | | | 00 |
| | 46. | through 45. Carry Amts | s. to Page 1, Line 16) | | | | | 00 🖳 | | | | . 00 |
| | | | | | | | | | | | | |
| (I) | 47. | Payments to an IRA | | : | | | | 00 | | | | 00 |
| шс | 48. | Payments to Self-Empl SIMPLE, & Qualified R | oyed SEP, etirement Plans | : | | | | ه 00 | | <u>.</u> | | 00 |
| lnc | 49. | Interest Penalty on Ear Withdrawal of Savings | ly | : | | | | 0 00 00 Dollar | | | | 00 |
| Adjustments to Income | 50. | Alimony Paid (Must Co | omplete Schedule P Below |) | | | | 3t 00 | | | | 00 |
| nts | 51. | 51. Moving Expense (Must Attach Federal Form 3903) | | | | | | ares | | | | 00 |
| mel | 52. | National Guard or Reserve Pay (Enter the Lesser of the Guard/ 52. Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer) | | | | | | Nea | | | | 00 |
| ustı | 53. | MS Propoid Affordable College Tuition (MDACT) | | | | | | 00 2 | | | | 00 |
| ¹dji | 54. | Self-Employed Health | | | | | | • • : | | | | 00 |
| | 55. | Hoolth Covings Assour | nt Deduction | | | | | 00 00 Round | | | | 00 |
| | 56. | Total Adjustments (A | dd Lines 47 through 55. Car | ry Amts | | | | 00 % | | | | 00 |
| | l | lo Page 1, Lille 17) | of Tax Computation - L | Jse taxable | e income from | om Page | 1, Line 2 | | oklet for | instructio | ns. | |
| | | Tax Rate(s) | Taxpayer (Column A) | T | e (Column B | | | otal | Rate | | ncome Tax | |
| | | 5,000 or Part | i ! | + i + | | = | | . – – – – – . | x 3% | | | |
| | | \$5,000 or Part ining Balance | ! ! | 1 | | = | | | x 4% x 5% | | | |
| 4. Si | | | - - - | - | | | | | 1 7 7 7 | | | |
| 5. To | tal I | Income Tax - Enter o | n Page 1, Line 22 | 1 | | | | | - | | | |
| | | le P - Alimony Paid tion is claimed for Alimony | | | | | SSN of | | | | | · · · · · · · · · · · · · · · · · · · |
| pleas state | e fur of re | rnish the name, SSN, and esidency of the individual to | the | | | | Recipient State of | | | | | |
| | | nt was paid. | | | | - | Residency | <u> </u> | | | | |
| HIS tate | | | iNED. Under penalties of my knowledge and belief | | | have exa mplete. | | | | | chedules an | nd |
| Taxpayer Signature Taxpayer P | | | | | , | is Return discusse | minay and and a | | cation Nun | ion Number or PTIN | | |
| | ์ร | Spouse Signature (If joint | t, BOTH must sign) | Date | the | e preparer | | id Preparer Sc | cial Securi | ty Number o | r PTIN | OR |
| | | | | | + <i>-</i> - | Yes | □No | · · · · · · · · · · · · · · · · · · · | | - | | |
| | | ¦Paid Preparer Si | gnature | | Date | | | Paid Preparer | (Print Firn | ı Name) | | |
| | | Paid Preparer Pl | hone | | Paid Preparer | Address | | i | | | | |
| | — | | | | | | | | | | | i |