### Scanband Version of Form 80-205-01-5 Nonresident or Part Year Resident Individual Income Tax Return

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband. (Except for Spouse's Name)

The largest (by a very great margin) problem with correct return completion was the entry of the resident county code. Wrong numbers, invalid numbers and alpha characters were entered. This field should only accept numeric data with 01 through 83 the only correct numbers. If the taxpayer has a Mississippi address, the number should be the county number. The counties in Mississippi are alphabetized and assigned a number in sequence from 1 through 82. These numbers are in the instructions to the form. If the taxpayer has a non-Mississippi address, the number should be 83.

We have tried to include the changes from 2000 to 2001 in this list, but we may have missed a few. Please check the form as well as this list.

Changes from last year -

Bar code and dates changed, and added on line 43- attach Federal schedule E, if applicable.

Position of the resident county code and and filing status were reversed.

Line 15C has been changed. The calculation has been carried out to 4 decimel places and also to allow for 100%.

# 

## Mississippi Nonresident or Part-Year Resident

|          |  | MS $\Lambda$                      | /lississippi<br>or Part-Year F |   |                        |                                 |
|----------|--|-----------------------------------|--------------------------------|---|------------------------|---------------------------------|
|          |  | Nonresident                       | or Part-Year F                 | Resident                                | For Official I         | Jse Only                        |
|          |  | Individual                        | Income Tax R                   | leturn                                  |                        | IS N                            |
|          | Page 1   | of 2                              | <b>2001</b> Form 80            | -205-01-5-1-000 (Rev. 6/01)             |                        | IOIN                            |
| _ ,      | [50]   | 1 460                             |                                |   |                        |                                 |
| 7A       | RC 11  | 16A                               | 21A                            | 24                                      | 31                     |                                 |
| 7B       | F\$ 12<br>8 13   | 16B                               | 18B                            | 25                                      | 32                     |                                 |
| 7C<br>7D | 8   13<br>9   14   | 17A<br>17B                        | 19B<br>20B                     | 26<br>27                                |                        |                                 |
| ٦,       | 10 15A   | 17B<br>18A                        | 20B<br>21B                     | 28                                      | SS                     |                                 |
|          | 15B  | 19A                               | 22                             | 28                                      |                        | /                               |
|          | 15C  | 20A                               | 23                             | 30                                      |                        | L                               |
|          |  |                                   |                                |   |                        |                                 |
| •        | N  |                                   |                                |   |                        |                                 |
|          | <b>\</b>   |                                   |                                | J                                       |                        |                                 |
| •        | A  |                                   |                                |   |                        |                                 |
|          | y  |                                   |                                |   |                        |                                 |
|          | С  |                                   | _                              | · Commutee He : O :                     | De Net West 1          | ana Thia lim                    |
|          |  |                                   | Fo                             | r Computer Use Only -                   | O NOT Write At         | DOVE INIS LINE                  |
| 4 「      | Marriad Combined Island C  | n Enter \$40,000 and the - 40     |                                |   |                        |                                 |
| 1.<br>2. | Married - Combined or Joint Retur<br>Married - Spouse Died in 2001 - E       |                                   |                                | Your SSN                                |                        |                                 |
| 3.       | Married - Spouse Died in 2001 - E  |                                   |                                | Spouse SSN Your Occupatio               | <u> </u>               |                                 |
| ٠. [     | Spouse's Name  | SSN                               |                                | Spouse's Occupation                     |                        |                                 |
| 4.       | Head of Family - Enter \$8,000 on Relationship of the Dependent Living       | Line 12. Provide Name, SSN, and   |                                | 8. Number of Dep                        | L                      | n Line 6 8.                     |
| 5.       | Single - Enter \$6,000 on Line 12.   | the frome with rod on Line 6.     |                                | 9. Number of Box                        |                        |                                 |
|          | Dependents (Do NOT Claim Yourself  | or Your Spouse)                   |                                | 10. Total of Line 8                     | plus Line 9            | 10.                             |
| 6.       | (a) Name   | (b) Dependent's SSN               | N (c) Relationship             | <b>11.</b> Line 10 x <b>\$ 1</b>        | <b>,500</b> =          | 11.                             |
|          |  |                                   |                                | 12. Enter Amount                        | from Lines 1 throu     | gh 5. <b>12.</b>                |
|          |  |                                   |                                | 13. Total (Line 11                      | plus 12.)              | 13.                             |
|          |  |                                   |                                | 14 If Married-Filin                     | g Separate Retur       | ns, 14                          |
| L        | Mark "Y" if Taxpayer Age   | Taxpayer Spc                      | ouse Age Spouse                | 14. If Married-Filin<br>Enter 1/2 of Li | ne 13 .                | 15, 14.                         |
| 7        | Mark "X" if Taxpayer Age 65 or Over  |                                   | or Over Blind                  |   |                        |                                 |
| Ca       | molete Schedule of Income on Doza 3  | Refore Proceeding Further T       | he Everntion and Daduct        |   |                        | he Nearest Dollar               |
| Mis      | mplete Schedule of Income on Page 2<br>sissippi Income to Total Income of Ta | xpayer and Spouse from all sou    | urces.                         | ion (standard of Itemized               | , musi be prorat       | ed according to the fallo of    |
| 1        | 5. Ratio Computation   | <b>16.</b> Stand                  | dard or Itemized Deductio      | n                                       | 17. Exemption          | Computation                     |
| 1        | 5a. MS AdjustedGross Income  |                                   |                                |   |                        |                                 |
|          |  |                                   | dard or Itemized Deductio      | n 1                                     | 7a. Exemption,         | Line 13 above. (Line 14 if MFS) |
| 15       | ib. Total Adjusted Gross Income Fron   | n All Sources                     |                                |   |                        |                                 |
|          | ▶ (N)  |                                   | ) - d d                        | .45-                                    | 71- 140 -              | : NA. IL: 17 1                  |
| 1        | ic. Ratio: Line 15a divided by Line15  |                                   | Deduction- Multiply 16a by     | 7 15C 1                                 | /b. MS Exempt          | ion Multiply 17a by 15c         |
|          |  | %                                 |                                |   |                        |                                 |
| 18       | . Mississippi Adjusted Gross Incom   | e (From line 54 or line 55 Page 3 | 2 \                            | n A (Taxpayer)                          |                        | Column B (Spouse)               |
| 19       |  | ,                                 | ´ ► (F)                        |   | 18. ▶ (B)<br>19. ▶ (⊔) |                                 |
| 20       | Standard of Itemized Deductions (  | LITE TOD)                         | ▶ (F)                          |   | 19. ► (H)<br>20.       |                                 |
| 21       | Mississippi Taxable Income (Line 18  | minus Lines 19 and 20.)           |                                |   | 21.                    |                                 |
| 22       | <ul> <li>See Instructions. If less than 0, enter 0</li> </ul>                | ).                                | ge 2 of this Form.)            |   | 22.                    |                                 |
| 23       | ,  |                                   | ,                              |   | 23. ► (W)              |                                 |
| 24       |  | ,                                 | n.                             |   | 24. ► (E)              |                                 |
| 25       | Other Credit (From Form 80-135, I  | Page 2, Part 1, Line H.)          |                                |   | 25. (O)                |                                 |
| 26       | . Total Credits (Add Lines 23 through  | jh 25.)                           |                                |   | 26.                    |                                 |
| 27       | . If Line 26 is Larger than Line 22, E                                       | Enter the Amount of Overpayme     | ent.                           | OVERPAYMENT                             | 27.                    |                                 |
| 28       | . Amount of Overpayment to be App  | olied to Your 2002 Estimated Ta   | ax Account                     |   | 28. ► (C)              |                                 |
| 29       | , ,  | · ·                               | 8 from Line 27.)               | REFUND                                  | <b>29</b> . (R)        |                                 |
| 30       | ,  |                                   |                                | BALANCE DUE                             | 30.                    |                                 |
| 31<br>32 | interest on onderpayment of Estin  | * *                               | orm 80-320.)                   |   | 31. (I)<br>32. (T)     |                                 |
| 32       | interest and i enaity (See instructi   |                                   | Order for                      | TOTAL DUE                               | (1)                    |                                 |
| 33       | Total Due payable to: State Tax (  | Commission >ENCLOSE PAY           | MENT VOUCHER<                  | TOTAL DUE                               | 33. ► (V)              |                                 |

| 802050151000   | MS  | Nonresident  | ∕lississippi<br>: or Part-Year Re<br>  Income Tax Re   |  | For Official Use Only  |
|--|---|--|--|--|--|
| 8/9 13/9<br>8/10 14/10<br>8/11 13/11<br>8/12 14/12                                 | Page 1 of 2  18/9to26/9  18/10to26/10  18/11to26/11  18/12to26/12  18/13to26/13  18/14to26/14 | 30/9to38/9<br>30/10to38/10<br>30/11to38/11<br>30/12to38/12<br>30/13to38/13<br>30/14to38/14 | 2001 Form 80-20  42/9to50/9 42/10to50/10 42/11to50/11 42/12to50/12 42/13to50/13 42/14to50/14 | 54/9to62/9<br>54/10to62/10<br>54/12to62/11<br>54/12to62/12<br>54/13to62/13<br>54/14to62/14 | 67/9to75/9<br>67/10to75/10<br>67/11to75/11<br>66/12to75/12<br>66/13to75/13<br>72/14to75/14 |
| <ul> <li>▶ 10/17to29/17</li> <li>▶ 10/19to33/19</li> <li>▶ 10/21to21/21</li> </ul> | 22/15-26/15<br>23/2<br>1 27/  | 30/15to38/15<br>31/17to42/17<br>21to36/21  | 42/15to50/15<br>44/17to55/17   | 54/15to62/15   | Not Write Above This Line  |

The beginning and ending positions of each data box above are referenced in the box.



32.

Interest and Penalty (See Instructions)

**TOTAL DUE** (Add Lines 30, 31, and 32.) Attach Check or Money Order for Total Due payable to: **State Tax Commission** > ENCLOSE PAYMENT VOUCHER<

## Mississippi Nonresident or Part-Year Resident

MS

For Official Use Only

| 802050151000                                  |  | Individual Inco               |                           |                       | 25            | 5            | 0           | IS N                    |
|---|--|-------------------------------|---------------------------|-----------------------|---------------|--------------|-------------|-------------------------|
|   | Page 1 of 2  | 20                            | 01 Form 80-205-01-5-      | 1-000 (Rev. 6/01)     |               |              |             |                         |
| N 25  | 0  | 6500                          | 13350                     |                       | 0             |              |             | 0                       |
| N 5   | 6000   | 4550                          | 0                         |                       | 0             |              |             | Ö                       |
| N 0   | 6000   | 6000                          | Ö                         | 60                    | -             |              |             | 0                       |
| N 0   | 0  | 4200                          | 0                         |                       | 32            | 5.8          | 8716        | 511116                  |
| 0   | 22100  | 22100                         | Ö                         |                       | 0             | ٠,           | J ,         | 0                       |
| Ŭ   | 31450  | 4550                          | 518                       | ۶                     | 32            |              |             | 2000                    |
|   | 07000  | 4200                          | 600                       |                       | 0             |              |             | 2000                    |
|   | 07000  | 1200                          |                           |                       | Ü             |              |             |                         |
| ► Smith                                       |  | John R                        |                           |                       |               |              |             |                         |
| ▶ 1546 Dov                                    | er Road  |                               |                           |                       |               |              |             |                         |
| ▶ Jackson                                     | MS 3920  | 51546                         |                           |                       |               |              |             |                         |
|   |  |                               | For Compu                 | iter Use Only - Do    | o Not \       | Write A      | Above '     | This Line               |
|   |  |                               |                           |                       | ı             |              |             |                         |
| H-1   | ned or Joint Return - Enter \$1                                  |                               |                           | Your SSN              | -             | 87-          | <u>-16-</u> | -1111                   |
| 1 1   | e Died in 2001 - Enter \$12,00<br>Separate Returns - Enter \$12, |                               |                           | Spouse SSN            |               | ~            |             |                         |
|   | , , , , , , , , , , , , , , , , , , ,                            |                               |                           | Your Occupation       |               | Cons         | St.         |                         |
|   | Enter \$8,000 on Line 12. Pro                                    |                               |                           | Spouse's Occupat      | L             | Listad       | on Lina     | 6 0                     |
|   | e Dependent Living in the Home                                   | with You on Line 6.           |                           | Number of Depe        |               |              |             |                         |
| X Single - Enter \$6                          | ,  |                               |                           | Number of Boxes       |               |              | n Line      |                         |
|   | T Claim Yourself or Your Sp                                      |                               |                           | 0. Total of Line 8 pl |               |              |             | 10.                     |
| (a)   | Name (b  | b) Dependent's SSN (c         |                           | 1. Line 10 x \$ 1,5   |               |              |             | 11.<br>12. 6 0.0        |
|   |  |                               |                           | 2. Enter Amount fro   |               | s 1 thro     | ough 5.     | 0,00                    |
|   |  |                               | 1,                        | 3. Total (Line 11 pl  | us 12)        |              |             | 13. 6,00                |
|   |  |                               | 14                        | 4. If Married-Filing  | Separa        | ite Retu     | ırns,       | 14.                     |
| 7. Mark "X" if                                |  | xpayer Spouse Age             |                           | Enter 1/2 of Line     | 14.           |              |             | L                       |
| L   | J 65 or Over ☐ Bli   | nd 4 65 or Over               | ☐ Blind                   | Round All A           | mour          | nts to       | the N       | earest Dollar           |
|   | ncome on Page 2 Before Pro                                       |                               | ption and Deduction (stan |                       |               |              |             |                         |
|   | otal Income of Taxpayer and                                      | •                             | and Dadwatian             | 4-                    |               |              | . 0         |                         |
| 15. Ratio Computation                         |  | 16. Standard or It            | emized Deduction          | 17                    | r. Exe        | emption      | 1 Comp      | utation                 |
| 15a. MS AdjustedGro                           |  | <b>16a.</b> Standard or It    | omized Deduction          | 17                    | a F           |              | . 1: 4      | O abava (Lina 44 if MI  |
| 15h Total Adjusted G                          | 22,100<br>Gross Income From All Source                           |                               |                           | 17                    | <b>a.</b> Ex∈ | emption      | i, Line i   | 3 above. (Line 14 if MI |
|   |  |                               | 6,500                     |                       |               |              |             | 6,000                   |
| ▶ (N) 15c. Ratio: Line 15a                    | 31,450 divided by Line15b  | 16c. MS Deduction             | n- Multiply 16a by 15c    | 17                    | c. MS         | Exemp        | otion M     | ultiply 17a by 15c      |
|   | 70.00 %  |                               | 4,550                     |                       |               |              |             | 4,200                   |
|   |  |                               | Column A (Ta              | axpayer)              |               |              | Col         | umn B (Spouse)          |
| 18. Mississippi Adju                          | sted Gross Income (From Line                                     | e 54 or Line 55, Page 2.)     | (P)                       | ,,                    | 8.            | ▶ (B)        |             |                         |
| 19. Standard or Item                          | nized Deductions (Line 16b)                                      | •                             | (F)                       | 4,550 <sup>1</sup>    | 9. ▶          | ► (H)        |             |                         |
| 20. Amount of Exem                            | ption (Line 17b)   | ·                             |                           |                       | 20.           |              |             |                         |
| 21. Mississippi Taxab<br>See Instructions. If | ole Income (Line 18 minus Lines 1 fless than 0, enter 0.         | 9 and 20.)                    |                           | -0,000                | 21.           |              |             |                         |
|   | ax Due (From Schedule of Ta                                      | x Computation, Page 2 of th   | <b></b>                   |                       | 22.           |              |             | 51                      |
| 23. Mississippi Incor                         | me Tax Withheld (Attach W-2                                      | s or W-2Gs.)                  |                           | 2                     | 23.           | ► (W)        |             | 60                      |
| <b>24.</b> 2001 Estimated                     | Tax Payments and/or Amount                                       | Paid with Extension.          |                           | 2                     | 24.           | ► (E)        |             |                         |
| 25. Other Credit (Fro                         | om Form 80-135, Page 2, Par                                      | t 1, Line H.)                 |                           | 2                     | 25.           | • (O)        |             |                         |
| 26. Total Credits (Ad                         | dd Lines 23 through 25.)   |                               |                           | 2                     | 26.           |              |             | 6                       |
| 27. If Line 26 is Larg                        | ger than Line 22, Enter the Am                                   | nount of Overpayment.         | OVE                       | RPAYMENT 2            | 27.           |              |             |                         |
| 28. Amount of Overp                           | payment to be Applied to Your                                    | 2002 Estimated Tax Accou      | nt.                       | 2                     | 28.           | (C)          |             |                         |
| 29. Amount of Overp                           | payment to be Refunded to Yo                                     | ou. (Subtract Line 28 from Li | ne 27.)                   | REFUND 2              | 29.           | (R)          |             |                         |
| <b>30.</b> If Line 22 Is Larg                 | ger Than Line 26, Enter Balan                                    | ce Due.                       | BAL                       | ANCE DUE 3            | 80.           |              |             |                         |
| 31. Interest on Unde                          | erpayment of Estimated Tax P                                     | ayments. (Attach Form 80-3    | 20.)                      | 3                     | 81.           | <b>▶</b> (I) |             |                         |

32.

TOTAL DUE 33.

(T)



1. First \$5,000 or Part

2. Next \$5,000 or Part

3. Remaining Balance

## Mississippi Nonresident or Part-Year Resident Individual Income Tax Return

| TS |  |
|----|--|

x 3%

x 4%

x 5%

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| 34A | 42A | 39B | 47A        | 55A | 52B   |
|-----|-----|-----|------------|-----|---|
|     | 43A |     | 47A<br>48A |     |   |
| 35A | 434 | 40B |            | 45B | 53B   |
| 36A | 44A | 41B | 49A        | 46B | 54B   |
| 37A | 34B | 42B | 50A        | 47B | 55B   |
| 38A | 35B | 43B | 51A        | 48B | PF  |
| 39A | 36B | 44B | 52A        | 49B | PS  |
| 40A | 37B | 45A | 53A        | 50B |   |
| 41A | 38B | 46A | 54A        | 51B | For Computer Use Only Do                        |
|     |     |     |            |     | For Computer Use Only I<br>Write Above This Lir |

|     |                                  |   |                         |                  | Column A                 |              | Column B                |
|-----|----------------------------------|---|-------------------------|------------------|--------------------------|--------------|-------------------------|
|     |                                  | ULE OF INCOME   |                         |                  | Total Income from All    | Sources      | Mississippi Income Only |
|     | Wages, Salaries, Tips, Etc.      | (Attach W-2s.)  |                         |                  |                          |              |                         |
| 35. | Interest Income (Attach Sch      | edule B if over \$400.)                                   |                         |                  |                          |              |                         |
| 36. | Dividend Income (Attach So       | chedule B if over \$400.)                                 |                         |                  |                          |              |                         |
| 37. | Alimony Received                 |   |                         |                  |                          |              |                         |
| 38. | Business Income or Loss (A       | Attach Federal Schedule C or                              | r C-EZand Form 80-1     | 08.)             |                          |              |                         |
| 39. | Capital Gain or Loss (Attack     | h Federal Schedule D.) (See                               | Instructions)           |                  |                          |              |                         |
| 40. | Pensions and Annuities. (Se      | ee Instructions)  |                         | Taxable          |                          | <u></u>      |                         |
|     | Total Taxpayer                   | Total Spouse  |                         | Amount           |                          |              |                         |
| 41. | Farm Income or Loss (Attac       | h Federal Schedule F and F                                | orm 80-108.)            |                  |                          |              |                         |
| 42. | Unemployment Compensation        | ion (Form(s) 1099-G)                                      |                         |                  |                          |              |                         |
| 43. | Other Income or Loss (Attac      | ch 80-135 and Federal Sche                                | dule E, if applicable.) | )                |                          |              |                         |
| 44. | Total Income (Add Lines          | 34 through 43.)   |                         |                  |                          |              |                         |
|     | SCHEDULE OF A                    | ADJUSTMENTS TO G  | <b>ROSS INCOME</b>      |                  | Total from All So        | ırces        | Mississippi Only        |
| 45. | Payments to an IRA and/or        | a SEP   |                         |                  |                          |              |                         |
| 46. | Payments to KEOGH (HR10          | 0) Retirement Plan  |                         |                  |                          |              |                         |
| 47. | Interest Penalty on Early W      | ithdrawal of Savings                                      |                         |                  |                          |              |                         |
| 48. | Alimony Paid: SSN of Reci        | pient   | State                   |                  |                          |              |                         |
| 49. | Moving Expense (Attach Fe        | deral Form 3903 or 3903F.)                                |                         |                  |                          |              |                         |
| 50. | Lesser of National Guard/R       | eserve Pay or the \$5,000 Sta                             | atutory Exclusion Per   | Taxpayer.        |                          |              |                         |
| 51. | MS Prepaid Affordable Colleg     | e Tuition (MPACT) and/or MS                               | Affordable College Sa   | vings (MACS)     |                          |              |                         |
| 52. | Self-Employed Health Insur       | ance Deduction (Same as Fe                                | ederal Deduction)       |                  |                          |              |                         |
| 53. | Total Adjustments (Add Line      | es 45 through 52.)  |                         |                  |                          |              |                         |
| 54. |                                  | s Income (Subtract Line 53<br>b & Combined MS Incomes Col |                         |                  |                          |              |                         |
| 55. | If Filing Combined Return, Split | MS AGI on Line 54 according to                            | ownership between Taxp  | payer and Spouse | e.                       |              |                         |
|     | Sched                            | dule of Tax Computation                                   | - Use taxable inco      | me from Pag      | e 1, Line 21. See bookle | t for instru | ctions.                 |
|     | Tax Rate(s)                      | Taxpayer (Column A)                                       | Spouse (Colur           |                  | Total<br>(Column A+B)    | Rate         | Income Tax              |

4. Subtotal + 5. Total Income Tax - Enter on Page 1, Line 22. 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 it is true, correct and complete.

+

+

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



9/9to17/9

9/10to17/10

9/11to17/11

9/12to17/12

9/13to17/13

9/14to17/14

9/15to17/15

9/16to17/16

## MS Mississippi Nonresident or Part-Year Resident Individual Income Tax Return

2001

TS

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21/9to29/9 21/10to29/10 21/11to29/11 21/12to29/12 21/13to29/13 21/14to29/14

21/15to29/15

21/16to29/16

33/9to41/9
33/10to41/10
33/11to41/11
33/12to41/12
33/13to41/13
33/14to41/14
33/15to41/15
33/16to41/16

45/9to53/9 45/10to53/10 45/11to53/11 45/12to53/12 45/13to53/13 45/14to53/14 45/15to53/15 45/16to53/16

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57/9to65/9 57/10to65/10 57/11to65/11 57/12to65/12 57/13to65/13 57/14to65/14 57/15to65/15 57/16to65/16 69/9to79/9 69/10to77/10 69/11to77/11 69/12to77/12 69/13to77/13 69/14to77/14

For Computer Use Only Do Not Write Above This Line

The beginning and ending positions of each data box above is referenced in the box.



# Mississippi Nonresident or Part-Year Resident Individual Income Tax Return

| TS | 5 | 8 | 7 | _ | 1 | 6 | _ | 1 | 1 | 1 | 1 |
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| 10 | J | O | 1 |   | _ | v |   | ㅗ | ㅗ | _ | ᆚ |

|       | Page 2 of 2 | 2001  | Form 80-205-01-5-2-000 (Rev. 6/01) |   |   |
|-------|-------------|-------|------------------------------------|---|---|
| 40000 | 0           | 0     | 0                                  | 0 | 0   |
| 300   | 0           | 0     | 0                                  | 0 | 0   |
| 150   | 32450       | 0     | 0                                  | 0 | 22100   |
| 0     | 22000       | 0     | 0                                  | 0 | 0   |
| -8000 | 100         | 0     | 0                                  | 0 | 0   |
| 0     | 0           | 22100 | 0                                  | 0 | 0   |
| 0     | 0           | 1000  | 1000                               | 0 |   |
| 0     | 0           | 0     | 31450                              | 0 | For Computer Use Only Do Not<br>Write Above This Line |
|       |             |       |                                    |   |   |

|  |  |  |                               |              | Write Above This Line               |
|--|--|--|-------------------------------|--------------|-------------------------------------|
| SCH  | EDULE OF INCOME  |  | Column A Total Income from Al | I Sources    | Column B<br>Mississippi Income Only |
| 34. Wages, Salaries, Tips,                             | Etc. (Attach W-2s.)  |  | 40                            | ,000         | 22,000                              |
| 35. Interest Income (Attach                            | Schedule B if over \$400.)                                       |  |                               | 300          | 100                                 |
| <ol> <li>Dividend Income (Attach</li> </ol>            | h Schedule B if over \$400.)                                     |  |                               | 150          |                                     |
| 37. Alimony Received                                   |  |  |                               |              |                                     |
| 38. Business Income or Lo                              | ss (Attach Federal Schedule C o                                  | r C-EZand Form 80-108.)                | -8                            | ,000         |                                     |
| 39. Capital Gain or Loss (A                            | ttach Federal Schedule D.) (See                                  | Instructions)                          |                               |              |                                     |
| 40. Pensions and Annuities                             | s. (See Instructions)  | Taxable                                | -                             |              |                                     |
| Total Taxpayer   | Total Spouse   | Amount                                 |                               |              |                                     |
| ,  | Attach Federal Schedule F and F                                  | orm 80-108.)                           |                               |              |                                     |
| 42. Unemployment Compe                                 | nsation (Form(s) 1099-G)   |  |                               |              |                                     |
| 43. Other Income or Loss -                             | Schedule N (Attach 80-135 and                                    | Federal Schedule E, if applicable.)    |                               |              |                                     |
| 44. Total Income (Add Li                               | nes 34 through 43.)  |  | 32                            | ,450         | 22,100                              |
| SCHEDULE O   | F ADJUSTMENTS TO G   | ROSS INCOME                            | Total from All So             | urces        | Mississippi Only                    |
| 45. Payments to an IRA an                              | d/or a SEP   |  | 1                             | ,000         |                                     |
| 46. Payments to KEOGH (I                               | HR10) Retirement Plan  |  |                               |              |                                     |
| 47. Interest Penalty on Ear                            | ly Withdrawal of Savings   |  |                               |              |                                     |
| 48. Alimony Paid: SSN of                               | Recipient  | State                                  |                               |              |                                     |
| 49. Moving Expense (Attac                              | h Federal Form 3903 or 3903F.)                                   |  |                               |              |                                     |
| 50. Lesser of National Gua                             | rd/Reserve Pay or the \$5,000 St                                 | atutory Exclusion Per Taxpayer.        |                               |              |                                     |
| 51. MS Prepaid Affordable C                            | ollege Tuition (MPACT) and/or MS                                 | Affordable College Savings (MACS)      |                               |              |                                     |
| <ol><li>Self-Employed Health I</li></ol>               | nsurance Deduction (Same as F                                    | ederal Deduction)                      |                               |              |                                     |
| 53. Total Adjustments (Add                             | Lines 45 through 52.)  |  | 1                             | ,000         |                                     |
| 54. Total & MS Adjusted (<br>Carry Total Column to Lin | Gross Income (Subtract Line 5<br>ne 15b & Combined MS Incomes Co | 3 from Line 44)<br>lumn to Line 15a.   | 31                            | ,450         | 22,100                              |
| 55. If Filing Combined Return.                         | Split MS AGI on Line 54 according to                             | ownership between Taxpayer and Spouse. | <u> </u>                      | , 130        | 22,100                              |
|  |  | - Use taxable income from Page         | 1. Line 21. See booklet       | for instruct | ions.                               |
| Tax Rate(s)  | Taxpayer (Column A) taxable income                               | Spouse (Column B) taxable income       | Total<br>(Column A+B)         | Rate         | Income Tax                          |
| 1. First \$5,000 or Part                               | 5,000 +  |  | 5,000                         | x 3%         | 150                                 |
| 2. Next \$5,000 or Part                                | 5,000 +  | _                                      | 5,000                         |              | 200                                 |

| Tax Rate(s)                                     | Taxpayer (Column A)<br>taxable income |   | Spouse (Column B) taxable income |   | Total<br>(Column A+B) | Rate | Income Tax |
|---|---------------------------------------|---|----------------------------------|---|-----------------------|------|------------|
| 1. First \$5,000 or Part                        | 5,000                                 | + | 0                                | = | 5,000                 | x 3% | 150        |
| 2. Next \$5,000 or Part                         | 5,000                                 | + | 0                                | = | 5,000                 | x 4% | 200        |
| 3. Remaining Balance                            | 3,350                                 | + | 0                                | = | 3,350                 | x 5% | 168        |
| 4. Subtotal                                     | 13,350                                | + | 0                                | = | 13,350                |      |            |
| 5. Total Income Tax - Enter on Page 1, Line 22. |                                       |   |                                  |   |                       |      |            |

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 it is true, correct and complete.

| Your Signature                                       | Taxpayer's Phone             | Paid Firm's Identification Number or PTIN          |  |  |  |  |
|--|------------------------------|--|--|--|--|--|
| Spouse's Signature (If joint, <b>BOTH</b> must sign) | Date                         | Paid Preparer's Social Security Number or PTIN     |  |  |  |  |
| Spouse's Signature (ii joint, BOTH must sign)        |                              | raid riepaiers social security (vulniber of riffix |  |  |  |  |
| Paid Preparer's Signature                            | Date                         | Paid Preparer (Print Firm's Name)                  |  |  |  |  |
|  |                              |  |  |  |  |  |
| Paid Preparer's Phone                                | Paid Preparer's Address      |  |  |  |  |  |
| Mail PECUND To: Office                               | of Povenue D.O. Pov 22059 Ja | okoon MC 2022E 20E0                                |  |  |  |  |