



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2013

Amended

Non-Resident Part-Year, Tax Year Beginning _____ and Ending _____

| | | | | |
|--|-------|---------|------------------|--|
| Taxpayer First Name | | Initial | Last Name | |
| Spouse First Name | | Initial | Spouse Last Name | |
| Mailing Address (Number and Street, Including Rural Route) | | | | |
| City | State | Zip | County Code | |

SSN _____
Spouse SSN _____

1 Married - Combined or Joint Return (\$12,000)
2 Married - Spouse Died in Tax Year (\$12,000)
3 Married - Filing Separate Returns (\$12,000)
4 Head of Family (\$8,000)
5 Single (\$6,000)

EXEMPTIONS

| | | | | |
|---|-----|-------------------|---|--|
| Dependents (In column B, enter "C" for child, "P" for parent or "R" for relative) | | | 8 <input type="checkbox"/> Taxpayer Age 65 or Over | <input type="checkbox"/> Spouse Age 65 or Over |
| 6 (A) Name | (B) | (C) Dependent SSN | <input type="checkbox"/> Taxpayer Blind | <input type="checkbox"/> Spouse Blind |
| _____ | --- | _____ | 9 Total dependents line 7 plus number of boxes checked line 8 _____ | |
| _____ | --- | _____ | 10 Line 9 x \$1,500 | 10 _____ .00 |
| _____ | --- | _____ | 11 Enter filing status exemption | 11 _____ .00 |
| 7 Total number of dependents (from line 6 and Form 80-491) _____ | | | 12 Total (line 10 plus line 11) | 12 _____ .00 |

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

| Income | Deductions | Exemptions |
|--|--|---|
| 13a Mississippi adjusted gross income _____ .00 | 14a Standard or itemized deductions _____ .00 | 15a Exemptions (from line 12; if married filing separate, use 1/2 amount) _____ .00 |
| b Adjusted gross income from all sources _____ .00 | b Mississippi deductions (line 14a multiplied by line 13c) _____ .00 | b Mississippi exemption (line 15a multiplied by line 13c) _____ .00 |
| c Line 13a divided by line 13b _____ % | | |

MISSISSIPPI INCOME TAX

| | Column A (Taxpayer) | Column B (Spouse) |
|--|---------------------|-------------------|
| 16 Mississippi adjusted gross income (from page 2, line 59 or line 60) | 16A _____ .00 | 16B _____ .00 |
| 17 Standard or itemized deductions (from line 14b; if itemized, attach Form 80-108) | 17A _____ .00 | 17B _____ .00 |
| 18 Exemption (from line 15b) | 18A _____ .00 | 18B _____ .00 |
| 19 Mississippi taxable income (line 16 minus line 17 and line 18) | 19A _____ .00 | 19B _____ .00 |
| 20 Income tax due (from Schedule of Tax Computation, see instructions) | | 20 _____ .00 |
| 21 Other credits (from Form 80-401, line 1) | | 21 _____ .00 |
| 22 Net income tax due (line 20 minus line 21) | | 22 _____ .00 |
| 23 Consumer use tax (see instructions, Form 80-100) | | 23 _____ .00 |
| 24 Total Mississippi income tax due (line 22 plus line 23) | | 24 _____ .00 |
| 25 Mississippi income tax withheld (must complete Form 80-107) | | 25 _____ .00 |
| 26 Estimated tax payments, payments made with extension and/or amount paid on original return | | 26 _____ .00 |
| 27 Refund received and/or amount carried forward from original return (amended return only) | | 27 _____ .00 |
| 28 Total payments (line 25 plus line 26 minus line 27) | | 28 _____ .00 |
| 29 Interest on underestimated tax and late filing penalty (from Form 80-320, line 15) <input type="checkbox"/> Farmers or Fishermen (See instructions) | | 29 _____ .00 |
| 30 Overpayment (if line 28 (payments) is larger, subtract line 24 plus line 29 from line 28) | | 30 _____ .00 |
| 31 Overpayment to be applied to next year estimated tax account | | 31 _____ .00 |
| 32 Overpayment refund (line 30 minus line 31) | REFUND | 32 _____ .00 |
| 33 Balance due (if line 24 plus line 29 is larger (tax, penalty and interest), subtract line 28 from line 24 plus line 29) | BALANCE DUE | 33 _____ .00 |
| 34 Late payment interest and penalty (from Form 80-320, line 19) | | 34 _____ .00 |
| 35 Total due (line 33 plus line 34) | | 35 _____ .00 |

Installment Agreement Request (see instructions for eligibility; attach Form 71-661)



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SSN _____

| INCOME | Total Income From All Sources | Mississippi Income ONLY |
|--|-------------------------------|-------------------------|
| 36 Wages, salaries, tips, etc. (complete Form 80-107) | 36 _____ .00 | 36 _____ .00 |
| 37 Business income (loss) (attach Federal Schedule C or C-EZ) | 37 _____ .00 | 37 _____ .00 |
| 38 Capital gain (loss) (attach Federal Schedule D) | 38 _____ .00 | 38 _____ .00 |
| 39 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part 4) | 39 _____ .00 | 39 _____ .00 |
| 40 Farm income (loss) (attach Federal Schedule F) | 40 _____ .00 | 40 _____ .00 |
| 41 Interest income (from Form 80-108, part 2) | 41 _____ .00 | 41 _____ .00 |
| 42 Dividend income (from Form 80-108, part 2) | 42 _____ .00 | 42 _____ .00 |
| 43 Alimony received | 43 _____ .00 | 43 _____ .00 |
| 44 Taxable pensions and annuities (complete Form 80-107) | 44 _____ .00 | 44 _____ .00 |
| 45 Unemployment compensation (complete Form 80-107) | 45 _____ .00 | 45 _____ .00 |
| 46 Other income (loss) (from Form 80-108, part 5) | 46 _____ .00 | 46 _____ .00 |
| 47 Total income (add lines 36 through 46) | 47 _____ .00 | 47 _____ .00 |

| ADJUSTMENTS | Total Income From All Sources | Mississippi Income ONLY |
|--|-------------------------------|-------------------------|
| 48 Payments to IRA | 48 _____ .00 | 48 _____ .00 |
| 49 Payments to self-employed SEP, SIMPLE and qualified retirement plans | 49 _____ .00 | 49 _____ .00 |
| 50 Interest penalty on early withdrawal of savings | 50 _____ .00 | 50 _____ .00 |
| 51 Alimony paid (complete schedule below) | 51 _____ .00 | 51 _____ .00 |

Name _____ SSN _____ State: _____
 Name _____ SSN _____ State: _____
 Name _____ SSN _____ State: _____

| | | |
|--|----------------|----------------|
| 52 Moving expense (attach Federal Form 3903) | 52 _____ .00 | 52 _____ .00 |
| 53 National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 53 _____ .00 | 53 _____ .00 |
| 54 Mississippi Prepaid Affordable College Tuition (MPACT) | 54 _____ .00 | 54 _____ .00 |
| 55 Mississippi Affordable College Savings (MACS) | 55 _____ .00 | 55 _____ .00 |
| 56 Self-employed health insurance deduction | 56 _____ .00 | 56 _____ .00 |
| 57 Health savings account deduction | 57 _____ .00 | 57 _____ .00 |
| 58 Total adjustments (add lines 48 through 57) | 58 _____ .00 | 58 _____ .00 |
| 59 Adjusted gross income (line 47 minus line 58; carry total AGI to line 13b and Mississippi AGI to line 13a) | 59 _____ .00 | 59 _____ .00 |
| 60 Split Mississippi AGI on line 59 between taxpayer and spouse | T 60 _____ .00 | S 60 _____ .00 |

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

Yes No This return may be discussed with the preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------|------|----------------------------|-----------------------------|
| Taxpayer Signature | Date | Taxpayer Phone Number | Paid Preparer PTIN |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |
| Paid Preparer Signature | Date | Paid Preparer Address | City State Zip Code |

Mail REFUND returns 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

Duplex and Photocopies NOT Acceptable



Mississippi Income / Withholding Tax Schedule 2013

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

| 1 A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|--|
| <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p> | <p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 2 A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|--|
| <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p> | <p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 3 A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|--|
| <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p> | <p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 4 A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|--|
| <p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p> | <p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

Duplex and Photocopies NOT Acceptable