



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2015

Amended

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

Taxpayer First Name		Initial	Last Name	
Spouse First Name		Initial	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)

6 (A) Name	(B)	(C) Dependent SSN

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
 Taxpayer Blind 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

12 Total (line 10 plus line 11) 12 _____ .00

7 Total number of dependents (from line 6 and Form 80-491) _____

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

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 61 or line 62)	16A _____ .00	16B _____ .00
17 Standard or itemized deductions (from line 14b; if itemized, attach Form 80-108)	17A _____ .00	17B _____ .00
18 Exemptions (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	20 _____ .00
21 Other credits (from Form 80-401, line 1)	21 _____ .00	21 _____ .00
22 Net income tax due (line 20 minus line 21)	22 _____ .00	22 _____ .00
23 Consumer use tax (see instructions)	23 _____ .00	23 _____ .00
24 Total Mississippi income tax due (line 22 plus line 23)	24 _____ .00	24 _____ .00
25 Mississippi income tax withheld (complete Form 80-107)	25 _____ .00	25 _____ .00
26 Estimated tax payments, extension payments and/or amount paid on original return	26 _____ .00	26 _____ .00
27 Refund received and/or amount carried forward from original return (amended return only)	27 _____ .00	27 _____ .00
28 Total payments (line 25 plus line 26 minus line 27)	28 _____ .00	28 _____ .00
(If no overpayment is due on line 29, skip to line 34)		
29 Overpayment (if line 28 is more than line 24, subtract line 24 from line 28)	29 _____ .00	29 _____ .00
30 Interest on underestimated tax (from Form 80-320, line 11)	<input type="checkbox"/> Farmers or Fishermen (see instructions)	30 _____ .00
31 Adjusted overpayment (line 29 minus line 30)		31 _____ .00
32 Overpayment to be applied to next year estimated tax account		32 _____ .00
33 Overpayment refund (line 31 minus line 32)	REFUND	33 _____ .00
34 Balance due (if line 24 is more than line 28, subtract line 28 from line 24)	BALANCE DUE	34 _____ .00
35 Interest, penalty and interest on underestimated tax (from Form 80-320, line 18)		35 _____ .00
36 Total due (line 34 plus line 35)	AMOUNT YOU OWE	36 _____ .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

Table with 3 columns: Line number, Description, Total Income From All Sources, Mississippi Income ONLY. Rows 37-48 including Wages, Business income, Capital gain, etc.

ADJUSTMENTS Total Income From All Sources Mississippi Income ONLY

Table with 3 columns: Line number, Description, Total Income From All Sources, Mississippi Income ONLY. Rows 49-52 including Payments to IRA, SEP, SIMPLE, etc.

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

Table with 3 columns: Line number, Description, Total Income From All Sources, Mississippi Income ONLY. Rows 53-62 including Moving expense, National Guard pay, etc.

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

Blank lines for explanation of changes to original return.

This return may be discussed with the preparer [] Yes [] No

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.

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