



Mississippi Resident Individual Income Tax Return 2014

Amended

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

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

- 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

MISSISSIPPI INCOME TAX **Column A (Taxpayer)** **Column B (Spouse)**

13 Mississippi adjusted gross income (from page 2, line 59)	13A _____ .00	13B _____ .00
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A _____ .00	14B _____ .00
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A _____ .00	15B _____ .00
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A _____ .00	16B _____ .00
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 _____ .00
18 Credit for tax paid to another state (attach Form 80-160)		18 _____ .00
19 Other credits (from Form 80-401, line 1)		19 _____ .00
20 Net income tax due (line 17 minus line 18 and line 19)		20 _____ .00
21 Consumer use tax (see instructions)		21 _____ .00
22 Total Mississippi income tax due (line 20 plus line 21)		22 _____ .00

PAYMENTS

23 Mississippi income tax withheld (complete Form 80-107)	23 _____ .00
24 Estimated tax payments, extension payments and/or amount paid on original return	24 _____ .00
25 Refund received and/or amount carried forward from original return (amended return only)	25 _____ .00
26 Total payments (line 23 plus line 24 minus line 25)	26 _____ .00

REFUND OR BALANCE DUE

27 Overpayment (if line 26 is more than line 22, subtract line 22 from line 26)	<input type="checkbox"/> Farmers or Fishermen (see instructions)	27 _____ .00
28 Interest on underestimated tax (from Form 80-320, line 12)		28 _____ .00
29 Adjusted overpayment (line 27 minus line 28)		29 _____ .00
30 Overpayment to be applied to next year estimated tax account		30 _____ .00
31 Voluntary contribution (from Form 80-108, part III)		31 _____ .00
32 Overpayment refund (line 29 minus line 30 and line 31)		32 _____ .00
33 Balance due (if line 22 is more than line 26, subtract line 26 from line 22)	REFUND	33 _____ .00
34 Interest, penalty and interest on underestimated tax (from Form 80-320, line 19)	BALANCE DUE	34 _____ .00
35 Total due (line 33 plus line 34)	AMOUNT YOU OWE	35 _____ .00

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



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SSN _____

INCOME	Column A (Taxpayer)	Column B (Spouse)
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36 Wages, salaries, tips, etc. (complete Form 80-107)	36A _____ .00	36B _____ .00
37 Business income (loss) (attach Federal Schedule C or C-EZ)	37A _____ .00	37B _____ .00
38 Capital gain (loss) (attach Federal Schedule D)	38A _____ .00	38B _____ .00
39 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)	39A _____ .00	39B _____ .00
40 Farm income (loss) (attach Federal Schedule F)	40A _____ .00	40B _____ .00
41 Interest income (from Form 80-108, part II, line 3)	41A _____ .00	41B _____ .00
42 Dividend income (from Form 80-108, part II, line 6)	42A _____ .00	42B _____ .00
43 Alimony received	43A _____ .00	43B _____ .00
44 Taxable pensions and annuities (complete Form 80-107)	44A _____ .00	44B _____ .00
45 Unemployment compensation (complete Form 80-107)	45A _____ .00	45B _____ .00
46 Other income (loss) (from Form 80-108, part V, line 10)	46A _____ .00	46B _____ .00
47 Total income (add lines 36 through 46)	47A _____ .00	47B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
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48 Payments to IRA	48A _____ .00	48B _____ .00
49 Payments to self-employed SEP, SIMPLE and qualified retirement plans	49A _____ .00	49B _____ .00
50 Interest penalty on early withdrawal of savings	50A _____ .00	50B _____ .00
51 Alimony paid (complete below)	51A _____ .00	51B _____ .00

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

52 Moving expense (attach Federal Form 3903)	52A _____ .00	52B _____ .00
53 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	53A _____ .00	53B _____ .00
54 Mississippi Prepaid Affordable College Tuition (MPACT)	54A _____ .00	54B _____ .00
55 Mississippi Affordable College Savings (MACS)	55A _____ .00	55B _____ .00
56 Self-employed health insurance deduction	56A _____ .00	56B _____ .00
57 Health savings account deduction	57A _____ .00	57B _____ .00
58 Total adjustments (add lines 48 through 57)	58A _____ .00	58B _____ .00
59 Mississippi adjusted gross income (line 47 minus line 58; enter on page 1, line 13)	59A _____ .00	59B _____ .00

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

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. 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 2014

Primary Taxpayer 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