<sup>04</sup>				sissip				
801051931000		Resident Indi			ome T	「ax Return		
77			2	019				X Amended
88								
Taxpayer First Name	Initial	Last Name			188			99999999
0 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXX	X Spc	ouse SSN		99999999
1			,,,,,,,		x 1	37 Married	Combine	ed or Joint Return (\$12,000
2 X X X X X X X X X X X X X X X X X X X	X X Route)	XXXXXXXXXXXX	XXX.	XXXX				Died in Tax Year (\$12,000)
3 4X9X9X9X9X9X9X9X9X9X9X9		0x0x0x0x0x0x0	9 X 9	x9x93				eparate Returns (\$12,000)
City State Zip							Family (\$8,000)	
6XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X XX	99999		99		X Single (\$6	(000,	
7								
8 EXEMPTIONS								
9 20 <b>Dependents</b> (in column B, enter "C" for chi	d "D" fo	r perent or "P" for relative)	8	х 1	Favnavor	Ago 65 or Over	Х	Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN	0		Taxpayer Age 65 or Over Taxpayer Blind		X	Spouse Blind
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	)	25	гахрауст	Dillia	22	Opodde Billid
3 XXXXXXXXXXXXXXXXXX	X	99999999		Total c	dependen	nts line 7 plus nu	mber of	boxes checked line 8 99
4 XXXXXXXXXXXXXXXXXX	X	99999999						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	99999999		Line 9	x \$1,500		10	999999999
16			11	Enter f	filing statu	us exemption	11	999999999
7 Total number of dependents (from l	ine 6 ar	nd Form 80-491) 99	12	Total (	line 10 pl	lus line 11)	12	999999999
8								
MISSISSIPPI INCOME TAX				Colu	mn A (Ta	axpayer)		Column B (Spouse)
0		0 11 05)						
3113 Mississippi adjusted gross income (from page 2, line 65) 13A 999999999						13B	999999999	
32 14 Standard or itemized deductions (if itemized, attach Form 80-108) 14A 99999999999999999999999999999999999						14B	999999999	
3315 Exemptions (from line 12; if married filing separately use 1/2 amount) 15A 99999999999999999999999999999999999						15B	999999999	
<ul> <li>Mississippi taxable income (line 13 minus line 14 and line 15)</li> <li>Income tax due (from Schedule of Tax Computation, see instructions)</li> </ul>							16B	999999999
33.17 Income tax date (from Sorredate of Tax Computation, see instructions) 36.18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)							17	9999999999
93 Other credits (from Form 80-401, line 1)						18	9999999999	
Net income tax due (line 17 minus line 18 and line 19)							19	9999999999
21 Consumer use tax (see instructions)							21	9999999999
22 Catastrophe savings tax (from Form 80-360, line 14)							22	999999999
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)							23	999999999
2								
PAYMENTS								
4								
4524 Mississippi income tax withheld (complete Form 80-107)							24	999999999
4625 Estimated tax payments, extension payments and/or amount paid on original return							25	999999999
4726 Refund received and/or amount carried forward from original return (amended return only)							26	999999999
827 Total payments (line 24 plus line 25	minus	line 26)					27	999999999
DEFLIND OF DAL ANGE DUE								
REFUND OR BALANCE DUE		(If no overpayment is	duo on	line 28	skin to l	line 34)		
on the second se	an line 2			IIIIe 20,	SKIP to I	iiie 34)	00	999999999
29 Interest and penalty (from Form 80-			521)				28	9999999999
30 Adjusted overpayment (line 28 minus line 29)							30	9999999999
531 Overpayment to be applied to next year estimated tax account				Х	Farm	ers or Fishermen	31	9999999999
						instructions)	32	999999999
T		5733 Overpayment refund (line 30 minus line 31 and line 32)					33	999999999
632 Voluntary contribution (from Form 8	ıs line 3	Balance due (if line 23 is more than line 27, subtract line 27 from line 23)  BALANCE DUE						
632 Voluntary contribution (from Form 8 733 Overpayment refund (line 30 minu		7, subtract line 27 from line	23)		Р	, , <del>, ,</del> , , , , , , , , , , , ,	34	999999999
Voluntary contribution (from Form 8 Overpayment refund (line 30 minus 834 Balance due (if line 23 is more that line sets and penalty (from Form 80 Overpayment refund (line 80 minus 80 Overpayment 80 Overpayment Refund 80	n line 27		23)		Ь		35	999999999
Voluntary contribution (from Form 8 Overpayment refund (line 30 minus 84 Balance due (if line 23 is more tha	n line 27		23)			INT YOU OWE		
Voluntary contribution (from Form 8 Overpayment refund (line 30 minus 834 Balance due (if line 23 is more that line sets and penalty (from Form 80 Overpayment refund (line 80 minus 80 Overpayment 80 Overpayment Refund 80	n line 27		23)				35	999999999

Form 80-105-19-3-2-000 (Rev. 07/19) 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 Mississippi Resident Individual Income Tax Return Page 2 05 06 2019 99999999 07 08 Column A (Taxpayer) Column B (Spouse) **INCOME** 19 10 10 11 37 999999999 999999999 Wages, salaries, tips, etc. (complete Form 80-107) 37A 11 <sub>12</sub>38 Business income (loss) (attach Federal Schedule C or C-EZ) 999999999 999999999 38A 38B 12 Capital gain (loss) (attach Federal Schedule D, if applicable) 13 39 999999999 999999999 39A 39B 13 1440 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV) 999999999 999999999 15 40A 40B 15 999999999 <sub>16</sub>41 Farm income (loss) (attach Federal Schedule F) 999999999 41A 41B 16 <sub>17</sub>42 Interest income (from Form 80-108, part II, line 3) 999999999 999999999 42A 42B 17 <sub>18</sub>43 Dividend income (from Form 80-108, part II, line 6) 999999999 999999999 43A 43B 18 <sub>19</sub>44 999999999 999999999 Alimony received 44A 44B 19 <sub>20</sub>45 Taxable pensions and annuities (complete Form 80-107) 999999999 999999999 45A 45B 20 <sub>21</sub>46 Unemployment compensation (complete Form 80-107) 999999999 999999999 46A 46B 21 <sub>22</sub>47 Other income (loss) (from Form 80-108, part V, line 10) 999999999 999999999 47A 47B 22 <sub>23</sub>48 Total income (add lines 37 through 47) 999999999 999999999 48A 48B 23 24 **ADJUSTMENTS** Column A (Taxpayer) Column B (Spouse) 2 26 26 <sub>27</sub>49 Payments to IRA 999999999 999999999 49A 49B 27 <sub>28</sub>50 Payments to self-employed SEP, SIMPLE and qualified retirement plans 999999999 999999999 50A 50B 28 Interest penalty on early withdrawal of savings <sub>29</sub>51 999999999 999999999 51A 51B 29 <sub>30</sub>**52** Alimony paid (complete below) 999999999 999999999 52A 52B 30 31 31 Name XXXXXXXXXXXXXXXXXXXXXX SSN 99999999 State XXDate of Divorce 99999999 32 32 33 33 <sub>34</sub>53 Moving expense (attach Federal Form 3903) 999999999 999999999 53A 53B 34 National Guard or Reserve pay (enter the lesser of amount or \$15,000) 35 **54** 999999999 999999999 54A 54B 35 <sub>36</sub>55 Mississippi Prepaid Affordable College Tuition (MPACT) 999999999 999999999 55A 55B 36 <sub>37</sub>56 Mississippi Affordable College Savings (MACS) 999999999 999999999 56A 56B 37 Self-employed health insurance deduction 999999999 999999999 <sub>38</sub>57 57A 57B 38 <sub>39</sub>58 Health savings account deduction 999999999 999999999 58A 58B 39 Catastrophe savings account deduction 999999999 999999999 <sub>40</sub>59 59A 59B 40 <sub>41</sub>60 Self-employment tax deduction 999999999 999999999 60A 60B 41 First-time home buyer savings account deduction 999999999 999999999 <sub>42</sub>61 61A 61B 42 <sub>43</sub>62 Agricultural disaster program compensation deduction 999999999 999999999 62A 62B 43 Mississippi Achieving a Better Life Experience (ABLE) Act deduction 999999999 999999999 4463 63A 44 <sub>45</sub>64 Total adjustments (add lines 49 through 63) 999999999 999999999 64A 64B 45 Mississippi adjusted gross income (line 48 minus line 64; enter 999999999 999999999 4665 65A 65B 46 on page 1, line 13) AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed) 51 51 52 This return may be discussed with the preparer Yes No Χ Χ 52 53 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. 55 55 X99999999 56 56 Taxpayer Signature Date Taxpayer Phone Number Paid Preparer PTIN 57 57 58 58 Spouse Signature Date Paid Preparer Phone Number Paid Preparer Email Address 59 59 60 60 Paid Preparer Signature Date Paid Preparer Address State Zip Code 61 61 62 62

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058 <sup>18 09 10 11 12 13 14 15 16 17 18 19</sup> **?Wail?an of Rev**ersible የተመከረ የመደረገ የመደረገ