Form 80-491-19-3-1-000 (Rev. 06/19)

804911931000

Mississippi
Individual Income Tax Statement of
Additional Dependents
2019

Taxpayer First Name	Initial	Last Name	SSN
XXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	999999999

Spouse First Name	Initial	Last Name	Spouse SSN
XXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX	999999999

Mailing Address (Number and Street, Including Rural Route)			
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X			
City	**State**	**Zip**	**County Code**
XXXXXXXXXXXXXXXXXXXX	XX	99999	99

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name (Column A), the dependent's relationship to taxpayer (Column B), and the dependent's social security number (Column C).

	(A) DEPENDENT'S NAME	(B) DEPENDENT Enter "C" for child, "P" for parent and "R" for relative	(C) DEPENDENT'S SSN
1	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
2	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
3	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
4	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
5	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
6	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
7	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
8	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
9	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
10	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
11	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
12	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
13	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
14	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
15	XXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999

Duplex and Photocopies NOT Acceptable