Form 80-105-20-3-1-000 (Rev. 08/20) 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	5 26 27 28 29		Niss	issipį	oi		03 04 03 00	67 68 69 70 71 72 73 74 75 76 77	
05		Resident Indiv	/idua	al Inco	me Tax	Return			
06  1			2	020				X Amended	
07 08								21 Ameridea	
Taxpayer First Name	Initial	Last Name			SSN			999999999	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				XXXXX	Spouse	SSN		999999999	
Spouse First Name	Initial	Last Name							
12 <u>XXXXXXXXXXXXXXXXXX</u>	X X	XXXXXXXXXXXX	XXXX	XXXXX	1 X			ed or Joint Return (\$12	
Mailing Address (Number and Street, Including Rura					2 X			Died in Tax Year (\$12	- 1
14 <u>X9X9X9X9X9X9X9X9X</u> 9X					3 X			eparate Returns (\$12,0	)00)
15 City State Zip County					· Δ ricad or ranning (ψο,σοο)				
16XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XX	99999		99	5 X	Single (\$6	,000)		
EXEMPTIONS									
19									
20 Dependents (in column B, enter "C" for ch	ld, "P" for	parent or "R" for relative)	8	X Tax	xpayer Age	65 or Over	Х	Spouse Age 65 or 0	
21 6 (A) Name	(B)	(C) Dependent SSN		X Ta	xpayer Blind	d	Х	Spouse Blind	
22 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999							
23 XXXXXXXXXXXXXXXXXXXX	X	999999999		Total dep	oendents lin	ne 7 plus nur	nber of	boxes checked line 8	99
24 XXXXXXXXXXXXXXXXXXXXXX	X	999999999							
25 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	10	Line 9 x			10	999999999	
26		1 = 00 101	11		ng status ex		11	999999999	
7 Total number of dependents (from	line 6 an	nd Form 80-491) 99	12	Total (lin	e 10 plus lir	ne 11)	12	99999999	99
MISSISSIPPI INCOME TAX				Colum	n A (Taxpa	worl		Column B (Spouse)	
20				Coluin	ΠΑ (Ταχμα	iyei <i>)</i>		Column B (Spouse)	
30 <sub>31</sub> 13 Mississippi adjusted gross inco	<b>ne</b> (from	page 2. line 65)	12	, 90	99999	999	13B	999999999	9
3113 Mississippi adjusted gross income (from page 2, line 65) 3214 Standard or itemized deductions (if itemized, attach Form 80-108) 31999999999999999999999999999999999999							14B	99999999	
33 15 Exemptions (from line 12; if married filing separately use 1/2 amount) 15A 999999999							15B	99999999	
3416 Mississippi taxable income (line 13 minus line 14 and line 15) 16A 999999999							16B	999999999	
35 17 Income tax due (from Schedule of Tax Computation, see instructions)							17	999999999	
18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)							18	999999999	9
37 <b>19</b> Other credits (from Form 80-401, line 1)							19	999999999	9
3820 Net income tax due (line 17 minus line 18 and line 19)							20	999999999	
3921 Consumer use tax (see instructions)							21	999999999	9
4022 Catastrophe savings tax (see instructions)							22	999999999	
4123 Total Mississippi income tax due (line 20 plus line 21 and line 22)							23	999999999	99 .
42									
PAYMENTS									
44 45 <b>24</b> Mississippi income tax withheld <b>(cc</b>	mnlete	Form 80-107)						999999999	0 0
4625 Estimated tax payments, extension payments and/or amount paid on original return							24	999999999	١٥
4726 Refund received and/or amount carried forward from original return (amended return only)							25 26	99999999	
4827 Total payments (line 24 plus line 25 minus line 26)							27	99999999	
49							21		
REFUND OR BALANCE DUE									
51		(If no overpayment is	due on	line 28, s	kip to line :	34)			
228 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)							28	999999999	9
1329 Interest and penalty (from Form 80-320, line 11 and/or line 12)							29	999999999	
Adjusted overpayment (line 28 minus line 29)							30	999999999	
55 31 Overpayment to be applied to next year estimated tax account  X Farmers or Fishermen (see instructions)							31	999999999	
56 32 Voluntary Contribution (nom Form 60-100, part in)							32	999999999	
5733 Overpayment refund (line 30 minus line 31 and line 32)  REFUND  34 Palance due (if line 23 is more than line 27 subtract line 37 from line 23)  RALANCE DUE							33	999999999	20
Balance due (if line 23 is more than line 27, subtract line 27 from line 23)  Balance DUE  Balance DUE  Balance DUE							34	999999999	20
nterest and penalty (from Form 80) <b>Total due</b> (line 34 plus line 35)	-JZU, IIN	G 13)			AMOUNT Y	YOU OWE	35	999999999	20
6000 IOLAI AAG (IIIIG OT PIUS IIIIG OO)					AINOUNT 1	. JJ GVVE	36	2222222	99 1
61 X Installment Agreement Requ	est								

Form 80-105-20-3-2-000 (Rev. 08/20) 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 **D**5 Resident Individual Income Tax Return Page 2 06 2020 99999999 07 08 Column A (Taxpayer) **INCOME** Column B (Spouse) lرو 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) 1339 999999999 999999999 39A 39B 13 1440 Rent, royalties, partnerships, S corporations, 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 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 **ADJUSTMENTS** Column A (Taxpayer) Column B (Spouse) 25 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 999999999 999999999 <sub>29</sub>51 51A 51B 29 <sub>30</sub>52 Alimony paid (complete below) 999999999 999999999 52A 52B 30 31 31 SSN 999999999 State XXDate of Divorce 99999999 32 32 33 33 <sub>34</sub>53 999999999 Moving expense (attach Federal Form 3903) 999999999 53A 53B 34 <sub>35</sub>54 National Guard or Reserve pay (enter the lesser of amount or \$15,000) 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)  $_{49}$  $\overline{ ext{X}}9 imes9 ime$ 51 51 52 This return may be discussed with the preparer Χ Yes X No 52 53 I declare, under penalties of periury, 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