4	0 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	Mississippi		3 2 3 3 3 3 3 3 3 3 3 3	
MS8453-IIT		Individual Income Tax Declaration			
	For Electronic Filing			Submission Number	
		2020	Σ	(9X9X9X9X	9X9X9X9X9X9
Taxpayer First Name	Initial Last Name				
xxxxxxxxxxxx	xxxxxxx x xxxxxxxx	xxxxxxxxxx		YOU MUST ENTE	RSSN
Spouse First Name	Initial Last Name				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX X XXXXXXXX Including Rural Route)	XXXXXXXXXXX	Taxpayer SSN		999999999
	x9x9x9x9x9x9x9x9x9	X9X9X9X9X9X	Spouse SSN		99999999
City	State Zip	County Code			
XXXXXXXXXXXXXXXX		99   99			
PART I: TAX RETURN INF	FORMATION		(I	ROUND TO THE	NEAREST DOLLAR)
Mississippi taxable incom	e (Form 80-105, line 16; 80-205, line	: 19)	1		999999999
	m 80-105, line 23; 80-205, line 25)		2		999999999
	(Form 80-105, line 27; 80-205, line 2	29)	3		999999999
Refund (Form 80-105, line	e 33; 80-205, line 34)		4		999999999
	0-105, line 36; 80-205, line 37)		5		999999999
DART III. DIRECT DEDOCI	T/DIDEOT DEDIT				
PART II: DIRECT DEPOSI	I/DIRECT DEBIT				
Douting number 000	200000	3 Type of	account:		
	99999999999999	3 Type of	account.		
Account number 995	9999999999999	Checking	χ Sav	vings X	
		Officialing	A Ga	viilgo A	
ly request for direct deposit/direct	ct debit of my refund/payment includes m	v authorization for the Mississippi	Department of F	Revenue to furnish n	ny financial institution with
builing humber, account humber,	account type, and social security number	to insure my retund/payment is pr	openy processe	u.	
PART III: DECLARATION	OF TAXPAYER				
originator and that the amounts d	are that I have compared the information lescribed in Part I above agree with the astrue, correct and complete. This declaration	amounts shown on the correspond	ding lines of my	Mississippi income	tax return. To the best of
Taxpayer Signature	Date	Spouse Signa	ture		Date
PART IV: DECLARATION	OF ELECTRONIC RETURN ORIGI	NATOR (ERO) AND PAID PR	EPARER		
nowledge. I have obtained the t equest, I will furnish this return to the Mississippi Department of Re pecified by the Mississippi Dep	are that I have reviewed the above taxpay axpayer's signature and will maintain this to the Mississippi Department of Revenue venue and have followed all other require artment of Revenue. If I am the paid prothe best of my knowledge and belief,	return for the Mississippi Departi I have provided the taxpayer with ments described in the Mississippi eparer, under penalties of perium	ment of Revenung a copy of all foot of the copy of all foot or the copy of all foot on the copy of the	e as part of my per orms and information Electronic Filers and L have examined to	manent records. Upon wri n to be filed electronically of d any additional requirements ons return and accompany
ERO ERO Signature Use		Date Check if Also		Check if Self-	ERO SSN or PTIN
Only					99999999
	***********			EIN	
Firm Name (or yours if self- employed), address and ZIP c	<u>X9X9X9X9X9X9X9</u>	<u> </u>	XX 9999	9999999 Phone No.	999
					20 0000
Inder penalties of perium, I dools	are that I have examined the above taxpa	/er's return and accompanying set	nedules and stat		99-9999 pest of my knowledge and
	complete. This declaration is based on all			Sments, and to the t	Co. or my knowledge and
Paid Preparer Signature		Date Check if Also	y Ch	eck if Self- X	Preparer SSN or PTIN
Preparer		Paid Prepare		ployed	99999999
Jse Only	+++++++++++++++++++++++++++++++++++++++			EIN	1 2222222
Firm Name (or yours if self-	x9x9x9x9x9x9x9	x9x9x9x9x9x9x9	XX 9999		999
employed), address and ZIP c	ode AJAJAJAJAJAJAJ	α , α , α , α , α , α , α , α , α , α ,	AA 3333	Phone No.	
				(000)0	99-9999
3				-	