Form 80-205-20-3-1-000 (Rev. 08/20) 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	5 26 27 28 29 30	31 32 33 34 35 36 37 38 3 MISS					61 62 63 64 65 66 6	7 68 69 70 71	72 73 74 75 76 77 <u>78</u>	79 80
		Non-Resident /								04
05		Individual Inc		Tax R	etur	n		X	Amended	b5
		20	20					21	, anonaoa	06
07 08 X Non-Resident X P	art-Year 1	ax Year Beginning 999	9999) 9 ar	nd End	ling 999	99999			07
00	art rour, r	ax roar Boginning 999	, , , , , ,	aı	IG LIIC	ing 222				09
Taxpayer First Name	Initial L	ast Name			SS	N	999999	9999		10
11 11 11 11 11 11	x x x	xxxxxxxxxxx	xxxx	XXX		ouse SSN	999999			11
Spouse First Name		ast Name	12121212	1212121			,,,,,,,,	,,,,,		12
12 13 13 13 13 13 13 13 13 13 13 13 13 13	x x x	xxxxxxxxxxx	xxxx	XXXX	1	X Mar	ried - Combir	ned or Joi	nt Return (\$12	
Mailing Address (Number and Street, Including Rura		21/11/11/11/11/11/11/11/11/11/11/11/11/1	12121212	1212121	2				Гах Year (\$12,	
15 X9X9X9X9X9X9X9X9X9X9X9X9X9		9x9x9x9x9x9x	xoxe	x9x	3				Returns (\$12,0	
16 City	State	Zip	County		4		ad of Family (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16
17XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xx xx	99999		9	5		gle (\$6,000)	,,,,,,		17
10	121 2121					24	9 (, -,,			
EXEMPTIONS										18
20 Dependents (in column B, enter "C" for chi	ld "P" for pa	erent or "R" for relative)								
21 6 (A) Name	(B)	(C) Dependent SSN	8 2	Taxn	ayer A	ge 65 or C	ver X Sn	ouse Age	65 or Over	20
22 XXXXXXXXXXXXXXXXXXX	X	999999999		X Taxpayer Blind			ouse Blin		21	
23 XXXXXXXXXXXXXXXXXXX	X	999999999			, , ,		2. 30	- 2,		22
23 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	9 7	otal dene	ndents	s line 7 plus	number of b	oxes ched	cked line 8	9 9 ₂₄
25 XXXXXXXXXXXXXXXXXXX	X	99999999		ine 9 x \$1			10		9999999	
26					•	exemption			9999999	
		5 90 404) 99		otal (line			12		9999999	
²⁷ 7 Total number of dependents (from	line 6 and	Form 80-491)	11.7				14			
PRORATION	(C	OMPLETE PAGE 2 BEFO	RE PR	OCEEDIN	G FUF	RTHER)				28
30 13a Mississippi adjusted gross income	(-	14a Standard or ite					Exemptions	(from line	e 12; if married	1 20
000000000			9999			100	filing separa	,		- 50
h Adiostad australia	irces	b Mississippi de						999	9999999	31
00000000	ai 000	(line 14a multi				r	Mississippi			
		9990	9999	99		~	(line 15a m			33
00 0000			, , , , , , ,	, , , ,				999	9999999	34
35 99.9999										36
MISSISSIPPI INCOME TAX				Column	A (Ta	xpayer)		Column	B (Spouse)	37
38										38
39 16 Mississippi adjusted gross incor	ne (from p	age 2, line 66 or line 67)	16A	999	9999	9999	16B	999	9999999	
40 17 Deductions (from line 14b; if itemize	ed, attach	Form 80-108)	17A	999	9999	9999	17B	999	9999999	
41 18 Exemptions (from line 15b)			18A			9999	18B		9999999	
4219 Mississippi taxable income (line	16 minus li	ne 17 and line 18)	19A			9999	19B		9999999	
4320 Income tax due (from Schedule of Tax Computation, see instructions)							20		9999999	
4421 Other credits (from Form 80-401, lin							21	999	9999999	
4522 Net income tax due (line 20 minus							22		9999999	
4623 Consumer use tax (see instructions							23		9999999	
4724 Catastrophe savings tax (see instru	uctions)						24		9999999	
4825 Total Mississippi income tax due		us line 23 and line 24)					25		9999999	
4926 Mississippi income tax withheld (complete Form 80-107)							26		9999999	
₅₀ 27 Estimated tax payments, extension payments and/or amount paid on original return							27		9999999	
₅₁ 28 Refund received and/or amount cal			7		y)		28		9999999	
52 Total payments (line 26 plus line 27							29		9999999	
53		no overpayment is due	on line	30, skip t	o line	35)	45			53
5430 Overpayment (if line 29 is more the	,						30	999	9999999	
55 31 Interest and penalty (from Form 80							31		9999999	
5632 Adjusted overpayment (line 30 min				Х	Farm	ers or Fishe			9999999	
5733 Overpayment to be applied to next		ated tax account			(see	instructions)	33		9999999	
58 34 Overpayment refund (line 32 minu	1					REFUN			9999999	
59 35 Balance due (if line 25 is more tha		subtract line 29 from line 29	5)		ВА	LANCE DU	34		9999999	
60 36 Interest and penalty (from Form 80							36		9999999	
61 37 Total due (line 35 plus line 36)				Al	MOUN	T YOU OV			9999999	
							31			62
Installment Agreement Requested X (see instructions for eligibility		n 71-661)								63
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25			3 44 45 46 4	48 49 50 51 5	2 53 54 5	5 56 57 58 59 60	61 62 63 64 65 66 6	7 68 69 70 71	72 73 74 75 76 77 78	79 80

Form 80-205-20-3-2-000 (Rev. 08/20) 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 3 Mississippi 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 Non-Resident / Part-Year Resident Page 2

Individual Income Tax Return

IN	COME	Total	Income From All Sources	Mi	ssissippi Income ONLY
Ī					
8	Wages, salaries, tips, etc. (complete Form 80-107)	38	999999999	38	999999999
9	Business income (loss) (attach Federal Schedule C or C-EZ)	39	999999999	39	999999999
0	Capital gain (loss) (attach Federal Schedule D, if applicable)	40	999999999	40	9999999999
1	Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41	999999999	41	999999999
2	Farm income (loss) (attach Federal Schedule F)	42	999999999	42	999999999
3	Interest income (from Form 80-108, part II, line 3)	43	999999999	43	9999999999
4	Dividend income (from Form 80-108, part II, line 6)	44	999999999	44	9999999999
5	Alimony received	45	999999999	45	9999999999
6	Taxable pensions and annuities (complete Form 80-107)	46	999999999	46	9999999999
7	Unemployment compensation (complete Form 80-107)	47	999999999	47	9999999999
8	Other income (loss) (from Form 80-108, part V, line 10)	48	999999999	48	9999999999
9	Total income (add lines 38 through 48)	49	999999999	49	9999999999
AI	DJUSTMENTS	Total	Income From All Sources	Mi	ssissippi Income ONLY
Ī					
50	Payments to IRA	50	999999999	50	9999999999
1	Payments to self-employed SEP, SIMPLE and qualified retirement p		999999999	51	9999999999
2	Interest penalty on early withdrawal of savings	52	999999999	52	9999999999
3	Alimony paid (complete below)	53	999999999	53	9999999999
		0000			00000000
	Name XXXXXXXXXXXXXXXXXX SSN 99999	9999	State XX Date o	f Divorce	99999999
	Moving average (attack Endant) Francisco		000000000		000000000
4	Moving expense (attach Federal Form 3903)	54	999999999	54	9999999999
5	National Guard or Reserve pay (enter the lesser of amount or \$15,0	, 00	999999999	55	9999999999
6	Mississippi Prepaid Affordable College Tuition (MPACT)	56	999999999	56	999999999
7	Mississippi Affordable College Savings (MACS)	57	999999999	57	999999999
8	Self-employed health insurance deduction	58	999999999	58 59	9999999999
9	Health savings account deduction	59	999999999		
0	Catastrophe savings account deduction	60	999999999	60	999999999
1	Self-employment tax deduction	61	999999999	61	999999999
2	First-time home buyer saving account deduction	62	999999999	62	999999999
3	Agricultural disaster program compensation deduction	63	999999999	63	999999999
4	Mississippi Achieving a Better Life Experience (ABLE) Act deduction	1 64	999999999	64	999999999
5	Total adjustments (add lines 50 through 64)	65	999999999	65	999999999
6	Adjusted gross income (line 49 minus line 65; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	66	9999999999	66	9999999999
7	Split Mississippi AGI on line 66 between taxpayer and spouse	T 67	999999999	S ₆₇	9999999999
	MENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X				
7	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X				
I					
his	return may be discussed with the preparer X Yes X No				
de	clare, under penalties of perjury, that I have examined this return and acco	ompanying sc	hedules and statements, and t	o the best o	of my knowledge and belie
ÍS	is a true, correct and complete return. Declaration of preparer (other than	taxpayer) is		ich prepare 99999	r nas any knowledge.
-	Taxpayer Signature Date	Taxpayer Phone			
Į					
F	Spouse Signature Date	Paid Preparer P	hone Number Paid Prepare	r Email Addres	SS
H	Paid Preparer Signature Date	Paid Preparer Ad	ddress City		State Zip Code