Form 80-115-21-3-1-000 (Rev. 06/21)
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 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

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08									
Taxpayer First Name	Initial Last Name				VOU	MUST EN			
10 <mark>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</mark>		XXXXXXXXX	XXXXX		100	MUSTEN	IER SON		-
Spouse First Name	Initial Last Name								ŀ
12XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX X XXXXXXXX	XXXXXXXXX	XXXXX	Taxpayer S	SN		9	99999	999
Mailing Address (Number and Street, Includ				0	N				
14 <u>X9X9X9X9X9X9X9X9X9X9X9</u>				Spouse SS	N		9	99999	9999
15 City			ounty Code						Í
		999	99		(DO)				4.5
17 PART I: TAX RETURN INFOR					(RUU	IND TO TH		STDOLL	,
<sup>18</sup> <sub>19</sub> 1 Mississippi taxable income (F	orm 80-105, line 16; 80-205, liı	ne 19)			1		9999	99999	)9
10	0-105, line 23; 80-205, line 25)				2			99999	
	rm 80-105, line 27; 80-205, line	29)			3			99999	
224 Refund (Form 80-105, line 33	; 80-205, line 34)				4			99999	
235 Amount you owe (Form 80-10	05, line 36; 80-205, line 37)				5			99999	
24									-
PART II: DIRECT DEPOSIT/D	IRECT DEBIT								
26									
	99999		3 Type o	f account:					
28 Account number 99999	99999999999999								
29			Checking	X	Savings	s X			
<sup>30</sup> <sub>31</sub> My request for direct deposit/direct de									
BART III: DECLARATION OF Journal of the sensitive of perjury, I declare originator and that the amounts descr Meknowledge and belief, my return is true	that I have compared the informat ibed in Part I above agree with the	e amounts shown or	n the correspor	nding lines	of my Miss	sissippi incor	ne tax retu	rn. To the t	pest of my
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