



Mississippi Resident Individual Income Tax Return 2022

X Amended

Form fields for Taxpayer and Spouse information including Name, Initial, Last Name, SSN, Spouse SSN, Mailing Address, City, State, Zip, and County Code.

- 1 X Married - Combined or Joint Return (\$12,000)
2 X Married - Spouse Died in Tax Year (\$12,000)
3 X Married - Filing Separate Returns (\$12,000)
4 X Head of Family (\$8,000)
5 X Single (\$6,000)

EXEMPTIONS

Dependents table with columns (A) Name, (B), (C) Dependent SSN and summary rows 8-12.

MISSISSIPPI INCOME TAX

Table with 2 columns: Column A (Taxpayer) and Column B (Spouse). Rows 13-24 listing various tax items and amounts.

PAYMENTS

Table with 2 columns: Column A (Taxpayer) and Column B (Spouse). Rows 25-28 listing tax payments and refunds.

REFUND OR BALANCE DUE

Table with 2 columns: Column A (Taxpayer) and Column B (Spouse). Rows 29-37 listing overpayment, interest, and total due.

Direct Deposit Request and Installment Agreement Request checkboxes.



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SSN 999999999

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 999999999

| a | Routing Number 1 | Account Number 1 | <input checked="" type="checkbox"/> Checking | <input checked="" type="checkbox"/> Savings | Direct Deposit 1 Amount |
|---|------------------|------------------|--|---|-------------------------|
|---|------------------|------------------|--|---|-------------------------|

| | | | | | |
|--|-----------|----------------------|--|--|--------------|
| | 999999999 | 99999999999999999999 | | | 1a 999999999 |
|--|-----------|----------------------|--|--|--------------|

| b | Routing Number 2 | Account Number 2 | <input checked="" type="checkbox"/> Checking | <input checked="" type="checkbox"/> Savings | Direct Deposit 2 Amount |
|---|------------------|------------------|--|---|-------------------------|
|---|------------------|------------------|--|---|-------------------------|

| | | | | | |
|--|-----------|----------------------|--|--|--------------|
| | 999999999 | 99999999999999999999 | | | 1b 999999999 |
|--|-----------|----------------------|--|--|--------------|

SIGNATURE

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, 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.

| | | | |
|--------------------|------|-----------------------|--------------------|
| | | | X99999999 |
| Taxpayer Signature | Date | Taxpayer Phone Number | Paid Preparer PTIN |

| | | | |
|------------------|------|----------------------------|-----------------------------|
| | | | |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |

| | | | | | |
|-------------------------|------|-----------------------|------|-------|----------|
| | | | | | |
| Paid Preparer Signature | Date | Paid Preparer Address | City | State | Zip Code |

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable