| 04 | | wississip | | | | (| |
|---|--|--|---|---|--|--|--|
| ₅ MS8453-IIT | Individua | I Income Tax D | eclaration | | | | |
| 06 | F(| For Electronic Filing | | | Submission Number | | |
| 17 | | 2022 | | X9X9X9X | 9x9x9x9x9x9x9x | 9 0 | |
| | | | | | | | |
| Taxpayer First Name | Initial Last Name | | | YOU MUST | INTER SSN | | |
| 0 <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> | | XXXXXXXXXXX | XXX | | | | |
| Spouse First Name | Initial Last Name | | | | | | |
| 2 <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> | XXXXXX X XXXXXXX | XXXXXXXXXXX | XXX Taxpayer SS | N | 9999999 | 99 | |
| Mailing Address (Number and Street, In 13 | cluding Rural Route) | | | | | | |
| 14X9X9X9X9X9X9X9X9X | 9x9x9x9x9x9x9x9x9x9 | x9x9x9x9x9x9x9 | X9X Spouse SSN | | 9999999 | 99 | |
| 15 City | State Zip | County C | Code | | | | |
| 16 <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> | XXXXXX XX 99 | 9999 99 | | | | | |
| PART I: TAX RETURN INFO | ORMATION | | | (ROUND TO | THE NEAREST DOLLAF | र) | |
| 18 | | | | | | | |
| 191 Mississippi taxable income | (Form 80-105, line 16; 80-205, | line 19) | 1 | | 99999999999 | | |
| 202 Total Mississippi tax (Form | δ) | 2 | | 99999999999 | : | | |
| 213 Mississippi tax payments (I | Form 80-105, line 28; 80-205, li | ne 30) | 3 | | 99999999999 | : | |
| 224 Refund (Form 80-105, line | 34; 80-205, line 35) | | 4 | | 99999999999 | | |
| 235 Amount you owe (Form 80 | -105, line 37; 80-205, line 38) | | 5 | | 99999999999 | | |
| 24 | | | | | | - i | |
| PART II: DIRECT DEPOSIT | /DIRECT DEBIT | | | | | | |
| 26 | | | | | | | |
| | 999999 | 3 Type of accour | nt: Checking | X Savin | gs X | : | |
| | 999999999999999 | | | | | | |
| | 999999 | 6 Type of accour | nt: Checking | X Savin | gs X | | |
| 5 Account number 999 | 999999999999999 | | | | | : | |
| ³¹ ₃₂ My request for direct deposit/direct | | | | | | | |
| ³⁶ Under penalties of perjury, I decla originator and that the amounts de ³⁷ knowledge and belief, my return is ³⁸ Revenue on request. | scribed in Part I above agree with | the amounts shown on the | corresponding lines of | f my Mississippi in | come tax return. To the bes | t of my | |
| ³⁹ ₁₀ Taxpayer Signature | Date | Spo | use Signature | | Date | | |
| | Date | 300 | | | Date | ······ ' | |
| | OF ELECTRONIC RETURN OR | | | | | ĺ | |
| AZ PARTIV. DECLARATION C | OF ELECTRONIC RETORN OR | IGINATOR (ERO) AND | PAID PREPARER | | | ľ | |
| ⁴⁵ request, I will furnish this return to ₄₆ the Mississippi Department of Rev specified by the Mississippi Depai ⁴⁷ schedules and statements and to ₄₈ preparer has any knowledge. | xpayer's signature and will maintain the Mississippi Department of Reve | this return for the Mississi enue. I have provided the ta quirements described in the d preparer, under penaltie: | ppi Department of Rev xpayer with a copy of Mississippi Handbool s of periury. I declare | venue as part of m all forms and inform k for Electronic File that I have exam | ny permanent records. Upon mation to be filed electronica ers and any additional requir ined this return and accome | written ally with ements canying f which | |
| 49 50 ERO ERO Signature | | Date | Check if Also X | Check if Self- | ERO SSN or PTIN | " | |
| USe | | | Paid Preparer A | Employed A | 999999 | 999 | |
| ⁵¹ Only | | | | EIN | | | |
| 52 53 Firm Name (or yours if self- | YQYQYQYQYQYQYQY | a vavavavava | VQVQ VV OO | | 99999 | | |
| employed), address and ZIP cod | de <u>X9X9X9X9X9X9X9X</u> 9X9X | <u>9 X9X9X9X9X9X9</u> | <u>x9x9 xx 99</u> | 999 9999 Phone No | | ! | |
| 54 | | | | | | | |
| ⁵⁵ | e that I have examined the above to | xpaver's return and accom | anving schedules and | |) 999-9999 the best of my knowledge a | and . | |
| belief, they are true, correct, and co | omplete. This declaration is based o | on all information of which I | have any knowledge. | statements, and to | and bear of my knowledge a | | |
| 57 58 Paid Preparer Signature | | Date | Check if Also X | Check if Self- | Preparer SSN or PTIN | | |
| ⁵⁸ Preparer | | | Paid Preparer A | Employed | . 999999 | | |
| Use Only | | | | EIN | | | |
| 60 Firm Name (or yours if self- | VOVOVOVOVOVOV | | VOVO VV OO | | 99999 | | |
| employed), address and ZIP cod | de <u>X9X9X9X9X9X9X9X</u> 9X9X | <u>9 x9x9x9x9x9x9</u> | <u>x9x9 xx 99</u> | 999 9999 Phone No | | | |
| 62 | | | | | | 6 | |
| 63 | | | | |) 999-9999 | | |