| 4 | | | lississip | | | | | |
|--|--|---|--|--|---|---|---|--|
| MS8453-IIT | lr Ir | ndividual Inc | | | | | | |
| | | For Electronic Filing | | | | | | |
| | | | 2023 | | X92 | X9X9X9X | (9X9X9X9 | X9X9 |
| Taxpayer First Name | Initial | Last Name | | | VOI | J MUST ENT | | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXX | XXXXXXXX | XXX | 100 | | | |
| Spouse First Name | Initial | Last Name | | | | | | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXX | XXXXXXXXX | XXX Taxpayer S | SN | | 9999 | 999999 |
| <u>x9x9x9x9x9x9x9x</u> | | <u>x9x9x9x9x9</u> | X9X9X9X9 | X9X Spouse SSI | 1 | | 9999 | 99999 |
| City | State | Zip | County C | Code | | | | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX XX | 99999 | 99 | | | | | |
| PART I: TAX RETURN I | NFORMATION | | | | (RO | UND TO THE | NEAREST DO | DLLAR) |
| 3 1 Mississippi taxable inco | me (Form 80-105 line | 16: 80-205 line 19 |) | | | | 99999999 | 000 |
| 2 Total Mississippi taxable inter | | , | 1 | | | | | |
| Mississippi tax paymen | | | | | | 999999999999999999999999999999999999999 | | |
| 4 Refund (Form 80-105, I | | | | | | 99999999 | | |
| 5 Amount you owe (Form | | | | | 99999999 | | | |
| | 100 100, 1110 01, 00 20 | | | C |) | | 2222222 | 999 |
| PART II: DIRECT DEPO | SIT/DIRECT DEBIT | | | | | | | |
| 3 | | | | | | | | |
| 1 Routing number 9 | 99999999 | 3 | Type of accour | nt: Checking | Х | Savings | Х | |
| 2 Account number 9 | 9999999999999 | 99999 | | | | | | |
| 4 Routing number 9 | 99999999 | 6 | Type of accour | nt: Checking | Х | Savings | Х | |
| 5 Account number 9 | 9999999999999 | 99999 | | | | | | |
| originator and that the amount mowledge and belief, my retur Revenue on request. | | | | | | | | |
| Taxpayer Signature Date | | Date | Spouse Signature | | | | Date | |
| | | | · | | | | | |
| PART IV: DECLARATIO Under penalties of perjury, I de knowledge. I have obtained th request, I will furnish this return the Mississippi Department of specified by the Mississippi D schedules and statements and | clare that I have reviewed e taxpayer's signature an n to the Mississippi Depar Revenue and have follow epartment of Revenue. It | I the above taxpayer's i d will maintain this retu tment of Revenue. I ha d all other requiremer f I am the paid prepar | return and that the urn for the Mississi ave provided the ta hts described in the er under penalties | entries on this form a ppi Department of Re xpayer with a copy of Mississippi Handboo s of perjury L declare | e comple venue a all forms k for Ele | s part of my pe s and information ctronic Filers a very examined | ermanent records on to be filed ele nd any additiona this return and | . Upon writte ctronically wit I requirement accompanyir |
| preparer has any knowledge. | | | | | | | | |
| ERO ERO Signature | | | | Check if Also X | | k if Self-X | ERO SSN or P | IN |
| Use Only | | | | Paid Preparer | Emplo | EIN | 999 | 999999 |
| Firm Name (or yours if self- | x9x9x9x9x | <u>9x9x</u> 9x9 x9 | x9x9x9x9 | x9x9 xx 9 | 9999 | 999999 | 999 | |
| employed), address and ZI | P code | | | | | Phone No. | | |
| | | | | | | | 99-9999 | |
| Under penalties of perjury, I de belief, they are true, correct, ar | clare that I have examine | d the above taxpayer's | return and accomp | panying schedules and | d stateme | ents, and to the | best of my know | ledge and |
| | | | | | | | | |
| Preparer Signatu | Ire | | | Check if Also Paid Preparer X | Check i Employ | | Preparer SSN | |
| Preparer Use Only | | | | | | | 999 | 999999 |
| Firm Name (or yours if self- employed), address and Zl | P code X9X9X9X | 9x9x9x9 x9 | <u>x9x9x9x9</u> ; | x9x9 xx 9 | 9999 | EIN 9999999 | 9999 | |
| | | | | | | Phone No. | | |
| 3 06 07 08 09 10 11 12 13 14 15 16 17 18 [.] | 9 20 21 22 23 24 25 26 27 28 29 3 | 30 31 32 33 34 35 36 37 38 39 | 40 41 42 43 44 45 46 47 4 | 18 49 50 51 52 53 54 55 56 5 | 7 58 59 60 6 | 10010 | 99-9999 | 75 76 77 78 79 8 |