



Mississippi Resident Individual Income Tax Return 2024

X Amended

Form fields for Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, and County Code.

SSN 999999999 Spouse SSN 999999999

- 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

Table with 3 columns: (A) Name, (B), (C) Dependent SSN. Includes total number of dependents (99).

- 8 X Taxpayer Age 65 or Over X Spouse Age 65 or Over
X Taxpayer Blind X Spouse Blind
9 Total dependents line 7 plus number of boxes checked line 8 99
10 Line 9 x \$1,500 10 9999999999
11 Enter filing status exemption 11 9999999999
12 Total (line 10 plus line 11) 12 9999999999

MISSISSIPPI INCOME TAX

Column A (Taxpayer) Column B (Spouse)

Table of Mississippi income tax calculations including adjusted gross income, deductions, exemptions, taxable income, and total tax due.

PAYMENTS

Table of tax payments including Mississippi income tax withheld, estimated tax payments, and total payments.

REFUND OR BALANCE DUE

Table of refund or balance due calculations including overpayment, interest and penalty, and total due.

X Direct Deposit Request (check box and go to page 3)

X Installment Agreement Request (see instructions for eligibility; attach Form 71-661)





# Mississippi Resident Individual Income Tax Return 2024

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	9999999999999999999			1a 999999999
b	Routing Number 2	Account Number 2	<input checked="" type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings	Direct Deposit 2 Amount
	999999999	9999999999999999999			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.

Taxpayer Signature	Date	Taxpayer Phone Number	X99999999		
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