4				lississip							
MS8453-IIT		Individ		ome Tax I		ration					
		For Electronic Filing									
				2024			X92	x9x9x9x	(9X9X	(9X9X	(9X9
Taxpayer First Name		Initial Last Name					VOI	J MUST ENT		1	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX		XXXXXX	XXXXXXX	XXXX		100				
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PART I: TAX RETURN	INFORMATION						(ROI	JND TO THE	NEAR	EST DO	LLAR)
<b>1</b> Mississippi taxable inc	ome (Form 80-10	)5 line 16: 80-2	205 line 19)						0000	9999	
	Í			1				)99999			
										99999	
<ol> <li>Mississippi tax payme</li> <li>Refund (Form 80-105)</li> </ol>	0, 1110 00)			3				99999			
5 Amount you owe (For	8)			5				99999			
		, 00 200, 1110 0.	<i></i>			Э Э			9993	2222	
PART II: DIRECT DEP	OSIT/DIRECT DE	BIT									
<b>1</b> Routing number	999999999		3	Type of accou	ınt:	Checking	Х	Savings	Х		
	999999999	999999999	)								
	999999999		6	Type of accou	int:	Checking	Х	Savings	Х		
5 Account number	999999999	999999999	)								
priginator and that the amour knowledge and belief, my retu Revenue on request.											
Taxpayer Signature		Dat	Spouse Signature					C	ate		
PART IV: DECLARATI Under penalties of perjury, I c knowledge. I have obtained t request, I will furnish this retu the Mississippi Department o specified by the Mississippi schedules and statements a	eclare that I have re he taxpayer's signa rn to the Mississipp f Revenue and have Department of Reve	eviewed the above ture and will main i Department of F e followed all othe enue. If L am the	e taxpayer's ro ntain this retu Revenue. I ha er requiremen paid prepare	eturn and that the Irn for the Missis Ive provided the t Its described in the er under penalti	e entries o sippi Depa axpayer v ne Mississ es of peri	on this form are artment of Rev vith a copy of a sippi Handbook ury I declare	enue as all forms for Ele that I h	s part of my pe and information ctronic Filers a ave examined	ermanent on to be f and any a this retu	records. iled electi dditional i rn and ac	Upon writte ronically w requiremer
preparer has any knowledge.											
ERO ERO Signature			D	ate	Check if A			if Self-X	ERO S	SN or PTI	N I
Use Only					Paid Prep	arer	Emplo	EIN		9999	99999
Firm Name (or yours if sel		x9x9x9x9	) <u>x9</u> x92	x9x9x9x9	) X 9 X 9	XX 99	999	999999	9999		
employed), address and 2	IP code							Phone No.			
								(999)9			
Under penalties of perjury, I of belief, they are true, correct, a	leclare that I have e	xamined the abov	/e taxpayer's	return and accom	panying s	schedules and	stateme	ents, and to the	e best of n	ny knowle	edge and
		actiana non 15 Das					01	60 - If		0011	DTIN
Paid Preparer Signa	ture		D	Date	Check if A Paid Prep		Check in Employ		Prepa	arer SSN or	
Preparer Use Only										9999	99999
Firm Name (or yours if sel employed), address and 2		<u>x9x9x9x9</u>	)X9 X92	x9x9x9x9	9X9X9	XX 99	999	EIN 9999999	9999		
								Phone No.			
3 06 07 08 09 10 11 12 13 14 15 16 17 18	3 19 20 21 22 23 24 25 26 3	27 28 29 30 31 32 33 34	4 35 36 37 38 39 4	10 41 42 43 44 45 46 43	7 48 49 50 51	52 53 54 55 56 57	58 59 60 6	<u>(999)</u> 1 62 63 64 65 66 67			5 76 77 78 79 8