Form 80-491-24-3-1-000 (Rev. 08/24)

804912431000

Mississippi
Individual Income Tax Statement of
Additional Dependents
2024

Taxpayer First Name	Initial	Last Name	SSN
XXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX	999999999
Spouse First Name	**Initial**	**Last Name**	**Spouse SSN**
XXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX	999999999

Mailing Address (Number and Street, Including Rural Route)			
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X			
City	**State**	**Zip**	**County Code**
XXXXXXXXXXXXXXXXXXXXX	XX	99999	99

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name (Column A), the dependent's relationship to taxpayer (Column B), and the dependent's social security number (Column C).

	(A) DEPENDENT'S NAME	(B) DEPENDENT Enter "C" for child, "P" for parent and "R" for relative	(C) DEPENDENT'S SSN
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
2	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
3	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
4	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
5	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
6	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
7	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
8	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
10	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
11	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
12	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
13	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
14	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999
15	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999

Duplex and Photocopies NOT Acceptable