

Mississippi

[illegible]**INDIAN STATUS (CHECK ONE)**

19	(a) I am a Mississippi Choctaw Indian.	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	19
20						20
21	(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	21

23	Name of Tribe	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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RESERVATION RESIDENCY

27	(a) During 9999	I lived on the Mississippi Choctaw Indian Reservation for... (check one box ONLY below)	27
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[illegible]

33(b) My place(s) of residence on the Choctaw Reservation during 9999 was (were) located on (check one or more boxes below)

[illegible]**RESERVATION INCOME**[illegible]

44(b) My employer(s) for my on-reservation work during 9999 was (were) the... (check one or more boxes below) 44

46	X	Mississippi Band of Choctaw Indians	46
47	X	Bureau of Indian Affairs	47
48	X	Indian Health Service, USPHS	48
49	X	Other	49

[illegible][illegible]

55 I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in 55
56 **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973). **THIS FORM MUST BE SIGNED.** If someone else completed this form, both of you must sign the form. 56
Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.

Signature _____ Date _____

61 Preparer Signature _____ Date _____ 61