			Mississipp	7 48 49 50 51 52 53 54 55 56 57 58 59 60 6		
		Affidavit	for Reservat	ion Indian		
	Income			pi State Income T	axes	
Faxpayer First Name		Initial Last Name			Tax Year	9999
XXXXXXXXXX	<xxxxxxxxxxx< p=""></xxxxxxxxxxx<>	x xxxxxxxx	XXXXXXXXX	XXXX	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3333
Spouse First Name		Initial Last Name		SSN	999	999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXX			00000
Mailing Address (Number and $49 \times 9 \times$			V0V0V0V0V	Spouse SSN	999	999999
City)KJKJKJKJK	State Zip	County			
XXXXXXXXXXX	<xxxxxxxxxx< p=""></xxxxxxxxxx<>	XX 999	99	9		
INDIAN STATUS	(CHECK ONE)					
a) I am a Mississippi (Shoctaw Indian		X Yes >	. No		
a) Tama Wiloolooppi C	modaw malan.		20			
b) I am a member or a	ım eligible for memb	pership in an Indian Tr	ibe other than the M	ississippi Band of Choctaws	s. X Yes X	No
Name of Tribe	(XXXXXXXXXX	XXXXXXXXXXX				
RESERVATION R	ESIDENCY					
a) During 9999	I lived on the Missi	ssippi Choctaw Indian	Reservation for (c	heck one box ONLY below)		
X The entire ye						
		Aug Sept Oct Nov Dec		ived on reservation)		
X I did not live	on the Choctaw Res	ervation during 99	99			
			0000 was (war	e) located on (check one or i	more haves helew)	
o) My place(s) of resid	ence on the Chocta	iw Reservation during	9999 was (were	e) located on (check one or i	more boxes below)	
X A tribal housi	ng site lease					
X A Choctaw h	ousing authority hou	use site				
X A BIA dormite	ory or house					
DECEDI/ATION IN	ICOME					
RESERVATION IN	COME					
a) During the months	I lived on the Chocta	aw Reservation in 9.9	99 . I earned the	following income from work	on the Choctaw Reserv	ation
, 9				0X9X9X9X9X9X9X		
	my on-reservation v	work during 9999	was (were) the	(check one or more boxe	s below)	
b) My employer(s) for						
X Mississippi B	and of Choctaw Indi	ialio				
X Mississippi B X Bureau of Inc	lian Affairs	idilə				
X Mississippi B X Bureau of Inc X Indian Health						
X Mississippi B X Bureau of Inc X Indian Health	lian Affairs					
X Mississippi B X Bureau of Inc X Indian Health	lian Affairs			Employer Phone		
X Mississippi B X Bureau of Inc X Indian Health X Other	lian Affairs Service, USPHS		x9x9x	Employer Phone (999) 999-999		
X Mississippi B X Bureau of Inc X Indian Health X Other ame of Employer X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9	lian Affairs Service, USPHS	9x9x9x9x9x9		(999) 999-9999		
X Mississippi B X Bureau of Inc X Indian Health X Other lame of Employer X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9	lian Affairs Service, USPHS	9x9x9x9x9x9			XXXXX XX	99999
X Mississippi B X Bureau of Inc X Indian Health X Other Iame of Employer X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9	lian Affairs Service, USPHS 9X9X9X9X9X9X 9X9X9X9X9X	9X9X9X9X9X9X9 9X9X9X9X9X9X9	X9X9X XXX	(999) 999–9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	sis of the legal principles es	tablished in
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X Mississippi B X Bureau of Inc X Indian Health X Other Iame of Employer X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9	lian Affairs Service, USPHS 9X9X9X9X9X9X 9X9X9X9X9X above described earne Tax Commission , 41	9X9X9X9X9X9X9 9X9X9X9X9X9X9 d income falls outside the 1 U.S. 164 (1973). THIS	X9X9X XXX e taxing jurisdiction of the	(999) 999–9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	sis of the legal principles esed this form, both of you mu	tablished in
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