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(ROUND TO THE NEAREST DOLLAR)

- PART II: DIRECT DEPOSIT/DIRECT DEBIT**

- 32 My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature		Date		Spouse Signature		Date	
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PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

44 Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my
45 knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written
46 request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with
47 the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements
48 specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying
schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which
preparer has any knowledge.

49	ERO Signature		Date	Check if Also Paid Preparer ☒	Check if Self- Employed ☒	ERO SSN or PTIN
50						999999999
51	ERO Signature		Date	Check if Also Paid Preparer ☒	Check if Self- Employed ☒	ERO SSN or PTIN

52		EIN
53	Firm Name (or yours if self-employed), address and ZIP code	9999999999
54		Phone No.
55		(999) 999-9999

56 Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

58	Paid	Preparer Signature	Date	Check if Also Paid Preparer	☒	Check if Self- Employed	☒	Preparer SSN or PTIN
59	Preparer Use Only							999999999

Use Only		EIN
60		
61	Firm Name (or yours if self-employed), address and ZIP code	9999999999
62		Phone No.
63		(999) 999-9999