

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3

SSN	9	9	9	9	9	9	9	9	9
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INCOME				Total Income From All Sources			Mississippi Income ONLY				
39	Wages, salaries, tips, etc. (complete Form 80-107)			39	9999999999			39	9999999999		
40	Business income (loss) (attach Federal Schedule C or C-EZ)			40	9999999999			40	9999999999		
41	Capital gain (loss) (attach Federal Schedule D, if applicable)			41	9999999999			41	9999999999		
42	Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)			42	9999999999			42	9999999999		
43	Farm income (loss) (attach Federal Schedule F)			43	9999999999			43	9999999999		
44	Interest income (from Form 80-108, part II, line 3)			44	9999999999			44	9999999999		
45	Dividend income (from Form 80-108, part II, line 6)			45	9999999999			45	9999999999		
46	Alimony received			46	9999999999			46	9999999999		
47	Taxable pensions and annuities (complete Form 80-107)			47	9999999999			47	9999999999		
48	Unemployment compensation (complete Form 80-107)			48	9999999999			48	9999999999		
49	Other income (loss) (from Form 80-108, part V, line 10)			49	9999999999			49	9999999999		
50	Total income (add lines 39 through 49)			50	9999999999			50	9999999999		
ADJUSTMENTS				Total Income From All Sources			Mississippi Income ONLY				
51	Payments to IRA			51	9999999999			51	9999999999		
52	Payments to self-employed SEP, SIMPLE and qualified retirement plans			52	9999999999			52	9999999999		
53	Interest penalty on early withdrawal of savings			53	9999999999			53	9999999999		
54	Alimony paid (complete below)			54	9999999999			54	9999999999		
	Name	XXXXXXXXXXXXXXXXXXXX	SSN	999999999	State	XX	Date of Divorce		99999999		
55	Moving expense (attach Federal Form 3903)			55	9999999999			55	9999999999		
56	National Guard or Reserve pay (enter the lesser of amount or \$15,000)			56	9999999999			56	9999999999		
57	Mississippi Prepaid Affordable College Tuition (MPACT)			57	9999999999			57	9999999999		
58	Mississippi Affordable College Savings (MACS)			58	9999999999			58	9999999999		
59	Self-employed health insurance deduction			59	9999999999			59	9999999999		
60	Health savings account deduction			60	9999999999			60	9999999999		
61	Catastrophe savings account deduction			61	9999999999			61	9999999999		
62	Self-employment tax deduction			62	9999999999			62	9999999999		
63	First-time home buyer saving account deduction			63	9999999999			63	9999999999		
64	Agricultural disaster program compensation deduction			64	9999999999			64	9999999999		
65	Mississippi Achieving a Better Life Experience (ABLE) Act deduction			65	9999999999			65	9999999999		
66	Total adjustments (add lines 51 through 65)			66	9999999999			66	9999999999		
67	Adjusted gross income (line 50 minus line 66; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)			67	9999999999			67	9999999999		
68	Split Mississippi AGI on line 67 between taxpayer and spouse			T 68	9999999999			S 68	9999999999		

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

[illegible]

Non-Resident / Part-Year Resident
Individual Income Tax Return
2026

Page 3

802052633000

SSN

999999999

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35)

1 999999999

a Routing Number 1

Account Number 1

☒

Checking

☒

Savings

Direct Deposit 1 Amount

999999999

9999999999999999999

1a 999999999

b Routing Number 2

Account Number 2

☒

Checking

☒

Savings

Direct Deposit 2 Amount

999999999

9999999999999999999

1b 999999999

SIGNATURE

This return may be discussed with the preparer

☒

Yes

☒

No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X99999999

Taxpayer Signature

Date

Taxpayer Phone Number

Paid Preparer PTIN

Spouse Signature

Date

Paid Preparer Phone Number

Paid Preparer Email Address

Paid Preparer Signature

Date

Paid Preparer Address

City

State

Zip Code

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable