

Mississippi

08	Taxpayer First Name	Initial	Last Name				Tax Year	9999
09	XXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXX					
10	Spouse First Name	Initial	Last Name		SSN		99999999	
11	XXXXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXX					
12	Mailing Address (Number and Street, Including Rural Route)				Spouse SSN		99999999	
13	X9X							
14	City	State	Zip	County Code				
15	XXXXXXXXXXXXXXXXXXXXXXX	XX	99999	99				

INDIAN STATUS (CHECK ONE)

9(a) I am a Mississippi Choctaw Indian.	X	Yes	X	No
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(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.	X	Yes	X	No
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Name of Tribe	XXXXXXXXXXXXXXXXXXXX
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RESERVATION RESIDENCY

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

X	The entire year													
X	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	(Circle months lived on reservation)	
X	I did not live on the Choctaw Reservation during										9	9	9	9

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

X	A tribal housing site lease
X	A Choctaw housing authority house site
X	A BIA dormitory or house

RESERVATION INCOME

(a) During the months I lived on the Choctaw Reservation in 9999, I earned the following income from work on the Choctaw Reservation

x9

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

X	Mississippi Band of Choctaw Indians
X	Bureau of Indian Affairs
X	Indian Health Service, USPHS
X	Other

[illegible][illegible]

⁵¹ 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 **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. 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.

Date _____

Date _____

Mail this form to: P.O. Box 1033, Jackson, MS 39215