Form 06 07	80-205-19-3-1-000 (Rev. 07/19) 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	5 26 27 28 29 3	0 31 32 33 34 35 36 37 38 3 <b>MiSS</b> a				2 63 64 65 66	6 67 68 69 70 71 72 73 74 75 76	77 <u>78 79</u>	80
04			Non-Resident /							04
05	802051931000		Individual Inc		Fax Retu	rn		X Amended		05 06
07			20	19						06
08X	Non-Resident X F	Part-Year,	Tax Year Beginning 999	9999	9 and Er	ding 99999	999			08
09										09
Tax 10	bayer First Name	Initial L	ast Name		S	SN S	99999	9999		10
11 X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX	XXXX	XXX S	oouse SSN S	99999	9999		11
12 Spo	use First Name	Initial L	ast Name							12
13 XX	xxxxxxxxxxxxxxxxxxx	XX X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX				oined or Joint Return (		10
	ing Address (Number and Street, Including Rura				2			se Died in Tax Year (		
	x9x9x9x9x9x9x9x9x9x9							Separate Returns (\$*	12,000	)) <sub>15</sub>
16 City		State	Zip	County C			-	(\$8,000)		16
17 XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XX	99999	9	9 5	X Single	(\$6,000)			17
18										18
13	EMPTIONS									19
	endents (in column B, enter "C" for ch				<b>T</b>	A 05 O	77 0	A 05 O		20
21 <b>6</b>	(A) Name	(B)	(C) Dependent SSN	8 X		Age 65 or Over		Spouse Age 65 or Ove	er	21
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	X	Taxpayer	Blind	X S	Spouse Blind		22
20	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	<u>а</u> т	4 1 1				0	23
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999		· · ·	ts line 7 plus nu		boxes checked line 8		9 <sub>24</sub>
25 X	xxxxxxxxxxxxxxxxxx	Х	9999999999		ne 9 x <b>\$1,500</b>		10	99999999		25
26			0.0		nter filing statu		11	99999999		26
<sup>27</sup> 7	Total number of dependents (from	line 6 and	Form 80-491) 99	<b>12</b> To	otal (line 10 pl	us line 11)	12	99999999	99	27
28	ORATION	10	OMPLETE PAGE 2 BEFC							28
	Mississippi adjusted gross income		14a Standard or ite			,	emption	ns (from line 12; if ma	rried	29
	99999999999999			99999				rate, use 1/2 amount)		30
31	Adjusted gross income from all so	urces	<b>b</b> Mississippi de					99999999	aa	31
-	99999999999999	ulces	(line 14a multi		ne 13c)	b M	ississinr	bi exemption	) )	32
33 34 <b>(</b>	Line 13a divided by line 13b		9999	9999	99			multiplied by line 13c)		33
34 •	99.9999							99999999	99	34 35
36										
	SSISSIPPI INCOME TAX				Column A (T	axpayer)		Column B (Spous	e)	37
38										38
<sub>39</sub> 16	Mississippi adjusted gross inco	<b>me</b> (from p	age 2, line 66 or line 67)	16A	99999	99999	16B	99999999	99	39
<sub>40</sub> 17	Deductions (from line 14b; if itemiz	ed, <b>attach</b>	Form 80-108)	17A	99999	99999	17B	99999999		40
<sub>41</sub> 18	Exemptions (from line 15b)			18A	99999	99999	18B	99999999	99	41
<sub>42</sub> 19	Mississippi taxable income (line	16 minus I	ine 17 and line 18)	19A	99999	99999	19B	99999999	99	42
<sub>43</sub> 20	Income tax due (from Schedule or	f Tax Com	putation, see instructions)				20	99999999	99	43
<sub>44</sub> 21	Other credits (from Form 80-401, li	ine 1)					21	99999999	99	44
<sub>45</sub> 22	Net income tax due (line 20 minu	s line 21)					22	99999999		45
<sub>46</sub> 23	Consumer use tax (see instruction	s)					23	99999999		46
<sub>47</sub> 24	Catastrophe savings tax (from For	m 80-360,	line 14)				24	99999999		47
<sub>48</sub> 25	Total Mississippi income tax due						25	99999999		48
<sub>49</sub> 26	Mississippi income tax withheld (co	omplete F	orm 80-107)				26	99999999	99	49
<sub>50</sub> 27	Estimated tax payments, extension	n payments	s and/or amount paid on ori	ginal retu	ırn		27	99999999	99	50
<sub>51</sub> 28	Refund received and/or amount ca	rried forwa	ard from original return <b>(am</b>	ended re	turn only)		28	99999999		51
<sub>52</sub> 29	Total payments (line 26 plus line 2	7 minus lin	e 28)				29	99999999	99	52
53		•	f no overpayment is due		0, skip to line	35)				53
<sub>54</sub> 30	Overpayment (if line 29 is more th	an line 25	, subtract line 25 from line 2	29)			30	99999999	99	54
<sub>55</sub> 31	Interest and penalty (from Form 80	)-320, line	11 and/or line 12)				31	99999999	99	55
<sub>56</sub> 32	Adjusted overpayment (line 30 min					ners or Fisherme	ר <sub>32</sub>	99999999		56
<sub>57</sub> 33	<sub>57</sub> 33 Overpayment to be applied to next year estimated tax account				(see	e instructions)	33	99999999		57
<sub>58</sub> 34	Overpayment refund (line 32 min					REFUND	34	99999999		58
<sub>59</sub> 35	Balance due (if line 25 is more that	an line 29,	subtract line 29 from line 25	5)	B	ALANCE DUE	35	99999999		59
<sub>60</sub> 36	Interest and penalty (from Form 80	)-320, line	19)				36	99999999		60
<sub>61</sub> 37	Total due (line 35 plus line 36)				AMOU	NT YOU OWE	37	99999999	99	61
62	Installment Agreement Requ	iest								62
63	X (see instructions for eligibility 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	; attach For		44 45 46 47	18 49 50 51 52 53 54	55 56 57 58 59 60 61 63	63 64 65 66	67 68 69 70 71 72 73 74 75 76	77 78 70	63

Form 80-205-19-3-2-000 (Rev. 07/19)	Miagigginni	
<u>06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 2</u>	16 27 28 29 30 31 32 33 34 35 36 37 38 3 <b>W 152 33 34 41 34 34</b> 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	1
04	6 27 28 29 30 31 32 33 34 35 36 37 38 3 <b>Mississ</b> ippi 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 <u>78 79 80</u> Non-Resident / Part-Year Resident	04

	Individual I					Page 2
802051932000		2019			SSN 9999	999999
СОМЕ		Total	Income From A	l Sourc	es Mi	ssissippi Income ONL
Wages, salaries, tips, etc. (complete Form 80-1		38	9999999	999	38	99999999999
Business income (loss) (attach Federal Schedu	Ile C or C-EZ)	39	9999999	999	39	99999999999
Capital gain (loss) (attach Federal Schedule D,		40	9999999		40	99999999999
Rent, royalties, partnerships, S corporation, trust		40	9999999		41	99999999999
(from Form 80-108, part IV)	.5, 610.	41			41	
Farm income (loss) (attach Federal Schedule F	·)	42	9999999	999	42	99999999999
Interest income (from Form 80-108, part II)		43	9999999	999	43	99999999999
Dividend income (from Form 80-108, part II)		44	9999999		44	99999999999
Alimony received		45	9999999		45	99999999999
Taxable pensions and annuities (complete Forn	n 80-107)		9999999			99999999999
Unemployment compensation (complete Form 8		46			46	
	50-107)	47	9999999		47	99999999999
Other income (loss) (from Form 80-108, part V)		48	9999999		48	99999999999
Total income (add lines 38 through 48)		49	9999999	9999	49	99999999999
DJUSTMENTS		Total	Income From A	l Sourc	es Mi	ssissippi Income ONL
Payments to IRA		50	9999999		50	99999999999
Payments to self-employed SEP, SIMPLE and qu	ualified retirement pl	lans <sub>51</sub>	9999999	9999	51	99999999999
Interest penalty on early withdrawal of savings		52	9999999	999	52	99999999999
Alimony paid (complete below)		53	9999999		53	99999999999
Name XXXXXXXXXXXXXXXXXXXXXXX	SSN 99999	9999	State XX	Dat	e of Divorce	99999999
Moving expense (attach Federal Form 3903)		54	9999999	9999	54	99999999999
National Guard or Reserve pay (enter the lesser	of amount or \$15.00		9999999			99999999999
Mississippi Prepaid Affordable College Tuition (M			9999999		55	999999999999
		56			56	
Mississippi Affordable College Savings (MACS)		57	9999999		57	99999999999
Self-employed health insurance deduction		58	9999999		58	99999999999
Health savings account deduction		59	9999999		59	99999999999
Catastrophe savings account deduction		60	9999999		60	99999999999
Self-employment tax deduction		61	9999999	9999	61	99999999999
First-time home buyer saving account deduction		62	9999999	999	62	99999999999
Agricultural disaster program compensation dedu		63	9999999		63	99999999999
Mississippi Achieving a Better Life Experience (A			9999999		64	99999999999
Total adjustments (add lines 50 through 64)		0-	9999999			999999999999
		65			65	9999999999999
Adjusted gross income (line 49 minus line 65; on page 1, line 13b and Mississippi AGI line 1		66	9999999	צצצי	66	צצצצצצצצצצ
Split Mississippi AGI on line 66 between taxpa	,	<b>T</b> 67	9999999	9999	S <sub>67</sub>	99999999999
		• 07			007	
MENDED RETURN - EXPLANATION OF CHANG						
<u>x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9</u>	<u>x9x9x9x9x9</u> ;	X9X9X9	<u>x9x9x9x9</u> x	(9X92	x9x9x9x9	<u>9x9x9x9x9x9x9</u>
<u>x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9x9</u>	<u>x9x9x9x9x9x9</u>	<u>x9x9x9</u>	<u>x9x9x9x9</u> x	(9X92	<u>x9x9x9x9</u>	<u>9x9x9x9x9x9x9</u>
	s X No					
s return may be discussed with the preparer $$ X $$ Yes			hadulas and stata	nents, a	nd to the best o	of my knowledge and belie
		mnanving sc		nems, a	which property	in my knowledge and bene
clare, under penalties of perjury, that I have examined	this return and acco	mpanying sc taxpayer) is l	based on all inform	nation of	which prepare	r nas any knowledge.
clare, under penalties of perjury, that I have examined	this return and acco	mpanying sc taxpayer) is l	based on all inform		999999999	r nas any knowledge.
clare, under penalties of perjury, that I have examined is a true, correct and complete return. Declaration of	l this return and acco f preparer (other than	taxpayer) is I	based on all inforn	X99	99999999	r nas any knowledge.
clare, under penalties of perjury, that I have examined is a true, correct and complete return. Declaration of	l this return and acco f preparer (other than	mpanying sc taxpayer) is l Taxpayer Phone	based on all inforn	X99		r nas any knowledge.
clare, under penalties of perjury, that I have examined is a true, correct and complete return. Declaration of Taxpayer Signature	d this return and acco f preparer (other than Date	taxpayer) is I	based on all inforn	X99 Paid Prep	999999999 Darer PTIN	
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clare, under penalties of perjury, that I have examined is a true, correct and complete return. Declaration of Taxpayer Signature	d this return and acco f preparer (other than Date	taxpayer) is I	based on all inforn e Number none Number	X99 Paid Prep	999999999 Darer PTIN	