Form 80-340-19-3-1-000 (Rev. 06/19)

Mississippi
Affidavit for Reservation Indian
Income Exclusion From Mississippi State Income Taxes

Taxpayer First Name	Initial	Last Name
XXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX
Spouse First Name	**Initial**	**Last Name**
XXXXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXX

Mailing Address (Number and Street, Including Rural Route)
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

City	State	Zip	County Code
XXXXXXXXXXXXXXXXXXXXX	XX	99999	99

Tax Year 9999

SSN 999999999

Spouse SSN 999999999

INDIAN STATUS (CHECK ONE)

(a) I am a Mississippi Choctaw Indian. X Yes X No

(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

Name of Tribe XXXXXXXXXXXXXXXXXXXXX

RESERVATION RESIDENCY

(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 9999

(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
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

(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

Name of Employer
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Employer Phone
(999)999-9999

Employer Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X XXXXXXXXXXXXXXXXXXXXX XX 99999

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.

Signature _____ Date _____

Preparer Signature _____ Date _____

Mail this form with your state tax return to: P.O. Box 1033, Jackson, MS 39215