



Mississippi Resident Individual Income Tax Return 2016

Reset Form

Print Form

Amended

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip
County Code		

SSN _____
Spouse SSN _____

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind Spouse Blind

9 Total dependents in column B plus number of boxes checked line 8 _____

10 Line 9 times \$500 _____ 10 _____ .00

11 Entering status exemption _____ 11 _____ .00

Total (line 10 plus line 11) _____ .00

7 Total number of dependents (from line 6 and Form 80-491) _____

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
13 Mississippi adjusted gross income (from page 1, line 61)	13A _____ .00	13B _____ .00
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A _____ .00	14B _____ .00
15 Exemptions (from line 12; if married filing separately, 1/2 amount)	15A _____ .00	15B _____ .00
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A _____ .00	16B _____ .00
17 Income tax due (from Schedule of Tax Computations and instructions)	17 _____ .00	17 _____ .00
18 Credit for tax paid to another state (from Form 80-100, line 13; attach other state return)	18 _____ .00	18 _____ .00
19 Other credit from Form 80-401, _____	19 _____ .00	19 _____ .00
20 Net income tax due (line 17 minus line 18 and line 19)	20 _____ .00	20 _____ .00
21 Consumer use tax (see instructions)	21 _____ .00	21 _____ .00
22 Catastrophic savings tax (see instructions)	22 _____ .00	22 _____ .00
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)	23 _____ .00	23 _____ .00

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24 _____ .00
25 Estimated tax payments, extension payments and/or amount paid on original return	25 _____ .00
26 Refund received and/or amount carried forward from original return (amended return only)	26 _____ .00
27 Total payments (line 24 plus line 25 minus line 26)	27 _____ .00

REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)	28 _____ .00
29 Interest on underestimated tax (from Form 80-320, line 11)	29 _____ .00
30 Adjusted overpayment (line 28 minus line 29)	30 _____ .00
31 Overpayment to be applied to next year estimated tax account	31 _____ .00
32 Voluntary contribution (from Form 80-108, part III)	32 _____ .00
33 Overpayment refund (line 30 minus line 31 and line 32)	33 _____ .00
34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	34 _____ .00
35 Interest, penalty and interest on underestimated tax (from Form 80-320, line 18)	35 _____ .00
36 Total due (line 34 plus line 35)	36 _____ .00

Farmers or Fishermen
(see instructions)

REFUND
BALANCE DUE
AMOUNT YOU OWE

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 2



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SSN _____

Table with 3 columns: INCOME, Column A (Taxpayer), Column B (Spouse). Rows include Wages, salaries, tips, etc. (37), Business income (38), Capital gain (39), Rent, royalties, partnerships, S corporation trusts, etc. (40), Farm income (41), Interest income (42), Dividend income (43), Alimony received (44), Taxable pensions and annuities (45), Unemployment compensation (46), Other income (47), and Total income (48).

Table with 3 columns: ADJUSTMENTS, Column A (Taxpayer), Column B (Spouse). Rows include Payments to IRA (49), Payments to self-employed SEP, SIMPLE and qualified retirement plans (50), Interest penalty on early withdrawal of savings (51), Alimony paid (52), Moving expense (53), National Guard or Reserve pay (54), Mississippi Prepaid Affordable College Education (55), Mississippi Affordable College Savings (56), Self-employed health insurance deduction (57), Health savings account deduction (58), Catastrophe savings account deduction (59), Total adjustments (60), and Mississippi adjusted gross income (61).

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

Blank lines for providing an explanation of changes to the original return.

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.

Signature lines for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and 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