06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26		Mississipp		
	Δffidavit	for Reservat	ion Indian	
Income			pi State Income	Taxes
			<u> </u>	
Taxpayer First Name	Initial Last Name	/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3	777777	Tax Year 9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X XXXXXXXX Initial Last Name	XXXXXXXXXX		2222222
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXX	SSN	999999999
Mailing Address (Number and Street, Including Rural Ro	oute)		Spouse SSN	99999999
x9x9x9x9x9x9x9x9x9x)x9x9x9x9xc		99999999
City	State Zip	County		
xxxxxxxxxxxxxxxx	XX 999	999 9	9	
INDIAN STATUS (CHECK ONE)				
a) I am a Mississippi Choctaw Indian.		X Yes X	No	
b) I am a member or am eligible for meml	bership in an Indian T	ribe other than the M	ississippi Band of Choctaw	/s. X Yes X No
Name of Tribe XXXXXXXXXX	XXXXXXXXXXX	Σ		
DECEDIATION DECIDENCY				
RESERVATION RESIDENCY				
a) During O O O O I library and the Main of	iogippi Chaptau India	Population for	hook one hay ONLY believe	
a) During 9999 I lived on the Missi	issippi Cnoctaw Indiar	Reservation for (c	heck one box ONLY below	v)
Th. 2 2445-2 14-24				
X The entire year	Aug Cont Oct Nov Do	a (Cirala mantha l	ived an recompetion)	
X Jan Feb Mar Apr May June July	9 1		ived on reservation)	
X I did not live on the Choctaw Res	servation during 99	199		
		0000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b) My place(s) of residence on the Chocta	aw Reservation during	19999 was (were	e) located on (check one or	more boxes below)
T A tribal bayaing aita lagga				
X A tribal housing site lease				
X A Choctaw housing authority hou	JSE SITE			
X A BIA dormitory or house				
RESERVATION INCOME				
RESERVATION INCOME				
a) During the months I lived on the Choct	raw Reservation in Ω (QQ Learned the	following income from wor	k on the Choctaw Reservation
x9x9x9x9x9x9x9x9x9x9x				
X9X9X9X9X9X9X9X9X	.9.6.9.6.9.6.9.6.5	12323232323	AYAYAYAYAYA	192929
b) My employer(s) for my on-reservation v	work during QQQQ	was (were) the	(check one or more box	es helow)
o) liviy employer(s) for my on-reservation (work during 9999	was (were) trie	(Check one of more box	es below)
X Mississippi Band of Choctaw Ind	lians			
+ 	ians			
**				
X Indian Health Service, USPHS X Other				
V Onici				
lame of Employer	 	++++++++	Employer Phone	+++++++++++++++++++++++++++++++++++++++
anie or Employer C9X9X9X9X9X9X9X9X9X9X	OVOVOVOVOVO	YOYOY	(999)999-9999	
mployer Address	. ΣΑΖΑΖΑΖΑΖΑΣ	ΙΔΙΔΙΔ	())))))))))	
	.0^0^0^0~0~0~0~0~0	VOVOV VVV	***************************************	XXXXX XX 99999
(9X9X9X9X9X9X9X9X9X			XXXXXXXXXXXX	
do hereby claim that the above described earne IcClanahan vs. Arizona Tax Commission, 41 Inder penalties of perjury, I declare that I have e	11 U.S. 164 (1973). THIS	S FORM MUST BE SIGI	NED. If someone else comple	ted this form, both of you must sign the forr
ignature			Date	
Preparer Signature			Date	
 				
				
Mail this	s form with your stat	e tax return to: P.C.). Box 1033, Jackson. MS	39215