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

Tax Year 9999

SSN 999999999

Spouse SSN 999999999

Mailing Address (Number and Street, Including Rural Route)
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

City	State	Zip	County Code
XXXXXXXXXXXXXXXXXXXXX	XX	99999	99

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
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

(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
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Employer Phone
(999) 999-9999

Employer Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X 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 to: P.O. Box 1033, Jackson, MS 39215