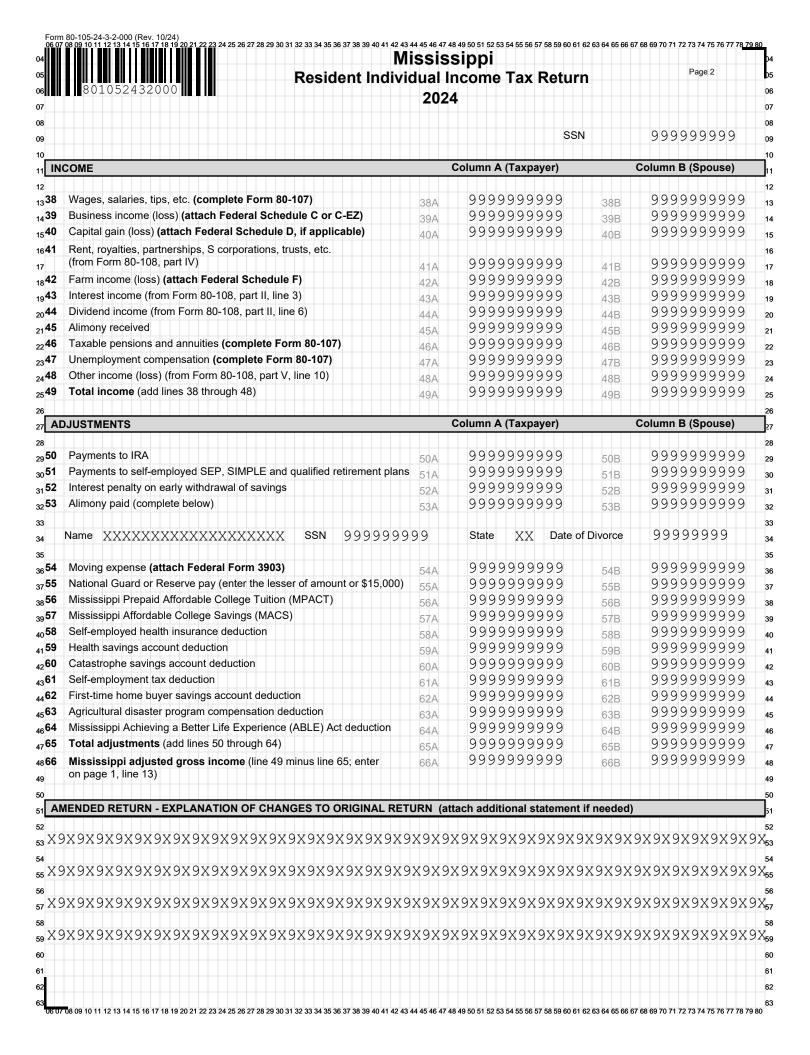
14 II II II II II II II		lississipp			
5	Resident Indiv	idual Incor	ne Tax Return		
,		2024			X Amended
Taxpayer First Name Initial	Last Name		SSN		99999999
'	XXXXXXXXXXXXX	XXXXXXXX	Spouse SSN		99999999
Spouse First Name Initial	Last Name				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXX	2 2		ed or Joint Return (\$12,000
Mailing Address (Number and Street, Including Rural Route)				•	Died in Tax Year (\$12,000
X9X9X9X9X9X9X9X9X9X9X9X9X9X City State		9X9X9X9X County Code			eparate Returns (\$12,000)
5			4 X Head of F		8,000)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	99	5 X Single (\$6	,000)	
EXEMPTIONS					
Dependents (in column B, enter "C" for child, "P" for			payer Age 65 or Over	X	Spouse Age 65 or Over
6 (A) Name (B)	(C) Dependent SSN	X Tax	payer Blind	X	Spouse Blind
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9 Total dep	endents line 7 plus nur	nber of I	poxes checked line 8 99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999				0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	10 Line 9 x \$		10	999999999
	1.5 00 404) 0.0		g status exemption	11	999999999
7 Total number of dependents (from line 6 and	d Form 80-491) 99	12 Total (line	e 10 plus line 11)	12	999999999
MISSISSIPPI INCOME TAX		Columi	n A (Taxpayer)		Column B (Spouse)
13 Mississippi adjusted gross income (from	page 2, line 66)	13A 99	9999999	13B	999999999
14 Standard or itemized deductions (if itemize	d, attach Form 80-108)	14A 99	99999999	14B	999999999
15 Exemptions (from line 12; if married filing s	separately use 1/2 amoun		99999999	15B	999999999
16 Mississippi taxable income (line 13 minus	line 14 and line 15)	16A 99	99999999	16B	999999999
17 Income tax due (from Schedule of Tax Con	nputation, see instructions)			17	999999999
18 Credit for tax paid to another state (from For	m 80-160, line 12; attach o	ther state return)		18	999999999
19 Other credits (from Form 80-401, line 1)				19	999999999
20 Net income tax due (line 17 minus line 18 a	and line 19)			20	999999999
21 Consumer use tax (see instructions)				21	999999999
22 Catastrophe savings tax (see instructions)				22	999999999
23 Total Mississippi income tax due (line 20	plus line 21 and line 22)			23	999999999
PAYMENTS					
24 Mississippi income tax withheld (complete I	Form 80-107)			0.4	999999999
25 Estimated tax payments, extension paymen	,	riginal return		24	9999999999
26 Credit for tax paid on an electing Pass-Thro		9	ne 3D)	25	9999999999
27 Refund received and/or amount carried forw				26	9999999999
28 Total payments (line 24 plus line 25 and line		ienaea retarii oi	ily)	27	9999999999
20 Total payments (inte 24 plus line 23 and line	20 minus mie 27 j			28	99999999
REFUND OR BALANCE DUE					
29 Overpayment (if line 28 is more than line 23	3, subtract line 23 from line	28; if zero, skip to	o line 35)	29	999999999
30 Interest and penalty (from Form 80-320, line	11 and/or line 12)			30	999999999
31 Adjusted overpayment (line 29 minus line 30))			31	999999999
32 Overpayment to be applied to next year esti	mated tax account	X Farmers or F		32	999999999
33 Voluntary contribution (from Form 80-108, p	art III)	(see instruct	ions)	33	999999999
34 Overpayment refund (line 31 minus line 32	and line 33)		REFUND	34	999999999
(check box and go to page 3)					
35 Balance due (if line 23 is more than line 28	subtract line 28 from line 2	23)	BALANCE DUE	35	999999999
36 Interest and penalty (from Form 80-320, line	19)			36	999999999
37 Total due (line 35 plus line 36)			AMOUNT YOU OWE	37	999999999
1					
1 X Installment Agreement Request (see instructions for eligibility; attach Fo					



Forr 06 0	n 80-105-24-3-3-000 (Rev. 10/24) 7 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	6 27 28 29 30 31 32 33 34 35 36 37 38 39 4	0 41 42 43 44 45 46 47 48 49 50 Mississip		0 57 56 59 60 61 62 63 6	64 65 66 67 68 6	9 70 71 72 73 74 75 76 77 78	79 80 14
05		Resident In	ndividual Inco	me Tax	Return		Page 3	DE
6	801052433000	Residenti	2024	JIIIC I GA	riotarri			06
)7			2024					07
08					SSN		20000000	30
)9					3311	3	99999999	09
חוי	IRECT DEPOSIT INFORMATION							
11 LU 12	INCOT DET COTT INT CRIMATION							1:
13 13	Overpayment refund (from page 1, line	∋ 34)				1 9	999999999	13
14								14
15								15
16								16
₁₇ a	Routing Number 1	Account Number 1	X Checking	X Savir	ngs	Dir	ect Deposit 1 Amou	ınt ₁₇
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19	99999999	99999999999	99999			1a S	999999999	19
20			77 01 11	77 0			15 304	20
₂₁ b	Routing Number 2	Account Number 2	X Checking	X Savii	ngs	Dir	ect Deposit 2 Amou	int ₂
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23	99999999	99999999999	フランソソ !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			1b S	999999999	23
24								24
25								25
26 SI	GNATURE							26
								2
28 So Thi	s return may be discussed with the preparer	X Yes X No						28
29		X .cc X .cc						29
30 I de 31 this	clare, under penalties of perjury, that I ha is a true, correct and complete return. D	eclaration of preparer (other t	ccompanying schedul han taxpayer) is based	es and stater I on all inforn	nation of which p	reparer nas	any knowledge.	
I de 31 this 32 33	is a true, correct and complete return. D	ve examined this return and a lectaration of preparer (other t	ccompanying schedul han taxpayer) is based Taxpayer Phone Numb	on all inform	x 9 9 9 9 9 9 9 Paid Preparer P	99	s any knowledge.	32 33 34
I de this 32 33 34 34	s is a true, correct and complete return.	ectaration of preparer (other t	Taxpayer Phone Numb	per	X999999	9 9 TIN	s any knowledge.	32 33 34 35
I de this	Taxpayer Signature	Date	nam taxpayer) is based	per	X9999999 Paid Preparer P	9 9 TIN	s any knowledge.	32 33 34 36
I de this 32 33 34 34	Taxpayer Signature	Date	Taxpayer Phone Numb	per	X9999999 Paid Preparer P	9 9 TIN nail Address	s any knowledge.	3: 3: 3:
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I de this	Taxpayer Signature Spouse Signature	Date Date	Taxpayer Phone Numb	per	X9999999 Paid Preparer P	9 9 TIN nail Address	s any knowledge.	33 33 33 33 33 33
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