

Non-Resident / Part-Year Resident Individual Income Tax Return 2024

X Amended



X Non-Resident X Part-Year, Tax Year Beginning 99999999 and Ending 99999999

Form fields for Taxpayer and Spouse information including Name, Initial, Last Name, SSN, Spouse SSN, Mailing Address, City, State, Zip, and County Code.

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

EXEMPTIONS

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

Table with 3 columns: (A) Name, (B), (C) Dependent SSN. Contains 5 rows of dependent information.

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

- 9 Total dependents line 7 plus number of boxes checked line 8 99
10 Line 9 x \$1,500 10 9999999999
11 Enter filing status exemption 11 9999999999
12 Total (line 10 plus line 11) 12 9999999999

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Table with 3 columns: 13a Mississippi adjusted gross income, 14a Standard or itemized deductions, 15a Exemptions. Includes sub-rows for adjusted gross income, Mississippi deductions, and Mississippi exemption.

MISSISSIPPI INCOME TAX

Main tax calculation table with columns for Column A (Taxpayer) and Column B (Spouse). Rows include Mississippi adjusted gross income, deductions, exemptions, taxable income, income tax due, net income tax due, consumer use tax, total Mississippi income tax due, overpayment, interest and penalty, and total due.

X Direct Deposit Request (check box and go to page 3)
X Installment Agreement Request (see instructions for eligibility; attach Form 71-661)



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SSN 999999999

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 999999999

a Routing Number 1 Account Number 1 [X] Checking [X] Savings Direct Deposit 1 Amount

999999999 99999999999999999999 1a 999999999

b Routing Number 2 Account Number 2 [X] Checking [X] Savings Direct Deposit 2 Amount

999999999 99999999999999999999 1b 999999999

SIGNATURE

This return may be discussed with the preparer [X] Yes [X] 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.

Table with 4 columns: Signature, Date, Phone Number, PTIN/Email Address. Includes entries for Taxpayer, Spouse, and Paid Preparer.

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