-			Missis		62 53 54 55 56 57 58 59 60 61 62 63 6		
		Affidavi	t for Res	ervation In	dian		
Income	Exc				te Income Taxe	s	
Taxpayer First Name		Last Name				Tax Year	9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX	XXXXXXX	XXXXXXX			
Spouse First Name		Last Name			SSN	999	999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
Mailing Address (Number and Street, Including Rural F	coute)	57.057.057.057	0370370370	37.037.037.037	Spouse SSN	999	999999
X9X9X9X9X9X9X9X9X9X9X9X	X 9 X 9 Z State		9X9X9X9	X 9 X 9 X 9 X County Code			
City	X XX	Zip	999	99			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7 22		999	99			
INDIAN STATUS (CHECK ONE)							
INDIAN STATUS (CHECK ONE)							
(a) I am a Mississippi Choctaw Indian.			X	Yes X No			
(a) I am a Mississippi Choclaw indian.			^	100 A 110			
(b) I am a member or am eligible for mem	nhershin	in an Indian T	ribe other tha	n the Mississinni	Band of Choctaws	χ Yes χ	No
	J010111P	GIT ITIGIGIT I	Julioi ula			Δ Δ	
Name of Tribe XXXXXXXXXX	/VVV	YYYVV.	Y				
			tz				
RESERVATION RESIDENCY							
(a) During 9999 I lived on the Miss	sissippi (Choctaw India	n Reservation	for (check one	box ONLY below)		
, 3 9999							
X The entire year							
X Jan Feb Mar Apr May June July	/ Aua Se	ept Oct Nov De	ec (Circle n	nonths lived on re	eservation)		
X I did not live on the Choctaw Re			999				
X I did not into on the direction in the	, ooi vaac	71 daig	999				
(b) My place(s) of residence on the Choc	tow Boo	onyotion durin	~ O O O O W:	as (were) located	on (check one or more I	noves helow)	
(b) My place(s) of residence on the Choc	law Res	ervation during	99999 W	as (were) located	on (check one of more)	ooxes below)	
X A tribal housing site lease							
X A Choctaw housing authority ho	ouco cito						
	Juse site	,					
X A BIA dormitory or house							
RESERVATION INCOME							
RESERVATION INCOME							
(a) During the months I lived on the Choo	stove Bor	nonvotion in O	000 Loor	ned the following	income from work on the	Chastow Boson	otion
							ration
X9X9X9X9X9X9X9X9X9X	(9X92	X9X9X9X	9898989	X9X9X9X9	X9X9X9X9X9X9	Х9	
(b) My apple (ar(a) for my an experience	viant di	urin - 0 0 0 0	1100 (111010	\ the (aback			
(b) My employer(s) for my on-reservation	work dt	ing 9999	was (were) trie (crieck	one or more boxes belo	w)	
X Mississippi Band of Choctaw Inc	diana						
	uians						
X Bureau of Indian Affairs							
X Indian Health Service, USPHS							
X Other							
	444						
			0.77.0.77.0.7	Employer F			
	-00	マロマロマロマ	9X9X9X	(999) 999-9999		
x9x9x9x9x9x9x9x9x9x9	<u>(9</u> X9)	<u> </u>					
X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9			00				0000
X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9 X 9			9X9X9X	XXXXXXX	XXXXXXXXXXX	XX XX	99999
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	X9X92	X9X9X9X	ne taxing jurisdic	ction of the State of	Mississippi on the basis of t	he legal principles e	stablished in
$\frac{X9X9X9X9X9X9X9X9X9X9X9}{2}$ Employer Address $\frac{X9X9X9X9X9X9X9X9X9X9X9}{2}$ I do hereby claim that the above described earn McClanahan vs. Arizona Tax Commission , 4	X9X92 ned incom	X 9 X 9 X 9 X 9 X 1 1 1 1 1 1 1 1 1 1 1	ne taxing jurisdic	ction of the State of BE SIGNED. If so	Mississippi on the basis of t meone else completed this t	he legal principles e form, both of you mu	stablished in
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Name of Employer X9X9X9X9X9X9X9X9X9X9X9X9X Employer Address X9X9X9X9X9X9X9X9X9X9X9X9X9X I do hereby claim that the above described earn McClanahan vs. Arizona Tax Commission , 4 Under penalties of perjury, I declare that I have	X9X92 ned incom	X 9 X 9 X 9 X 9 X 1 1 1 1 1 1 1 1 1 1 1	ne taxing jurisdic	ction of the State of BE SIGNED. If so knowledge and be	Mississippi on the basis of t meone else completed this t	he legal principles e form, both of you mu	stablished in
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