



Mississippi Resident Individual Income Tax Return 2023

Amended

Taxpayer First Name	Initial	Last Name	
Spouse First Name	Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route)			
City	State	Zip	County Code

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

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)					
6 (A) Name	(B)	(C) Dependent SSN			
				8 Taxpayer Age 65 or Over	Spouse Age 65 or Over
				Taxpayer Blind	Spouse Blind
			9 Total dependents line 7 plus number of boxes checked line 8		
			10 Line 9 x \$1,500	10	
			11 Enter filing status exemption	11	
			12 Total (line 10 plus line 11)	12	
7 Total number of dependents (from line 6 and Form 80-491)					

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
13 Mississippi adjusted gross income (from page 2, line 66)	13A	13B
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A	14B
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	15B
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)		17
18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return)		18
19 Other credits (from Form 80-401, line 1)		19
20 Net income tax due (line 17 minus line 18 and line 19)		20
21 Consumer use tax (see instructions)		21
22 Catastrophe savings tax (see instructions)		22
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)		23

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24
25 Estimated tax payments, extension payments and/or amount paid on original return	25
26 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)	26
27 Refund received and/or amount carried forward from original return (amended return only)	27
28 Total payments (line 24 plus line 25 and line 26 minus line 27)	28

REFUND OR BALANCE DUE

29 Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35)		29
30 Interest and penalty (from Form 80-320, line 11 and/or line 12)		30
31 Adjusted overpayment (line 29 minus line 30)		31
32 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	32
33 Voluntary contribution (from Form 80-108, part III)		33
34 Overpayment refund (line 31 minus line 32 and line 33)	REFUND	34
Direct Deposit Request (check box and go to page 3)		
35 Balance due (if line 23 is more than line 28, subtract line 28 from line 23)	BALANCE DUE	35
36 Interest and penalty (from Form 80-320, line 19)		36
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE	37

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



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SSN

INCOME	Column A (Taxpayer)	Column B (Spouse)
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38 Wages, salaries, tips, etc. (complete Form 80-107)	38A	38B
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39A	39B
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40A	40B
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A	41B
42 Farm income (loss) (attach Federal Schedule F)	42A	42B
43 Interest income (from Form 80-108, part II, line 3)	43A	43B
44 Dividend income (from Form 80-108, part II, line 6)	44A	44B
45 Alimony received	45A	45B
46 Taxable pensions and annuities (complete Form 80-107)	46A	46B
47 Unemployment compensation (complete Form 80-107)	47A	47B
48 Other income (loss) (from Form 80-108, part V, line 10)	48A	48B
49 Total income (add lines 38 through 48)	49A	49B

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
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50 Payments to IRA	50A	50B
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51A	51B
52 Interest penalty on early withdrawal of savings	52A	52B
53 Alimony paid (complete below)	53A	53B

Name	SSN	State	Date of Divorce
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54 Moving expense (attach Federal Form 3903)	54A	54B
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55A	55B
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56A	56B
57 Mississippi Affordable College Savings (MACS)	57A	57B
58 Self-employed health insurance deduction	58A	58B
59 Health savings account deduction	59A	59B
60 Catastrophe savings account deduction	60A	60B
61 Self-employment tax deduction	61A	61B
62 First-time home buyer savings account deduction	62A	62B
63 Agricultural disaster program compensation deduction	63A	63B
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64A	64B
65 Total adjustments (add lines 50 through 64)	65A	65B
66 Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13)	66A	66B

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



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SSN

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34)					1
a Routing Number 1	Account Number 1	Checking	Savings		Direct Deposit 1 Amount
					1a
b Routing Number 2	Account Number 2	Checking	Savings		Direct Deposit 2 Amount
					1b

SIGNATURE

This return may be discussed with the preparer Yes 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.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code

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