



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

Amended

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

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)

**PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)**

<p><b>13a</b> Mississippi adjusted gross income</p> <p style="margin-left: 20px;"><b>b</b> Adjusted gross income from all sources</p> <p style="margin-left: 20px;"><b>c</b> Line 13a divided by line 13b</p>	<p><b>14a</b> Standard or itemized deductions</p> <p style="margin-left: 20px;"><b>b</b> Mississippi deductions (line 14a multiplied by line 13c)</p>	<p><b>15a</b> Exemptions (from line 12; if married filing separate, use 1/2 amount)</p> <p style="margin-left: 20px;"><b>b</b> Mississippi exemption (line 15a multiplied by line 13c)</p>
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**MISSISSIPPI INCOME TAX**

	Column A (Taxpayer)	Column B (Spouse)
<b>16</b> Mississippi adjusted gross income (from page 2, line 67 or line 68)	16A	16B
<b>17</b> Deductions (from line 14b; if itemized, <b>attach Form 80-108</b> )	17A	17B
<b>18</b> Exemptions (from line 15b)	18A	18B
<b>19</b> Mississippi taxable income (line 16 minus line 17 and line 18)	19A	19B
<b>20</b> Income tax due (from Schedule of Tax Computation, see instructions)		20
<b>21</b> Other credits (from Form 80-401, line 1)		21
<b>22</b> Net income tax due (line 20 minus line 21)		22
<b>23</b> Consumer use tax (see instructions)		23
<b>24</b> Catastrophe savings tax (see instructions)		24
<b>25</b> Total Mississippi income tax due (line 22 plus line 23 and line 24)		25
<b>26</b> Mississippi income tax withheld (complete Form 80-107)		26
<b>27</b> Estimated tax payments, extension payments and/or amount paid on original return		27
<b>28</b> Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)		28
<b>29</b> Refund received and/or amount carried forward from original return ( <b>amended return only</b> )		29
<b>30</b> Total payments (line 26 plus line 27 and line 28 minus line 29)		30
<b>31</b> Overpayment (if line 30 is more than line 25, subtract line 25 from line 30; if zero, skip to line 36)		31
<b>32</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)		32
<b>33</b> Adjusted overpayment (line 31 minus line 32)		33
<b>34</b> Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	34
<b>35</b> Overpayment refund (line 33 minus line 34)	<b>REFUND</b>	35
Direct Deposit Request (check box and go to page 3)		
<b>36</b> Balance due (if line 25 is more than line 30, subtract line 30 from line 25)	<b>BALANCE DUE</b>	36
<b>37</b> Interest and penalty (from Form 80-320, line 19)		37
<b>38</b> Total due (line 36 plus line 37)	<b>AMOUNT YOU OWE</b>	38

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



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SSN

INCOME	Total Income From All Sources	Mississippi Income ONLY
39 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	39	39
40 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	40	40
41 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	41	41
42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	42	42
43 Farm income (loss) <b>(attach Federal Schedule F)</b>	43	43
44 Interest income (from Form 80-108, part II, line 3)	44	44
45 Dividend income (from Form 80-108, part II, line 6)	45	45
46 Alimony received	46	46
47 Taxable pensions and annuities <b>(complete Form 80-107)</b>	47	47
48 Unemployment compensation <b>(complete Form 80-107)</b>	48	48
49 Other income (loss) (from Form 80-108, part V, line 10)	49	49
50 <b>Total income</b> (add lines 39 through 49)	50	50

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
51 Payments to IRA	51	51
52 Payments to self-employed SEP, SIMPLE and qualified retirement plans	52	52
53 Interest penalty on early withdrawal of savings	53	53
54 Alimony paid (complete below)	54	54

Name	SSN	State	Date of Divorce
55 Moving expense <b>(attach Federal Form 3903)</b>	55		55
56 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	56		56
57 Mississippi Prepaid Affordable College Tuition (MPACT)	57		57
58 Mississippi Affordable College Savings (MACS)	58		58
59 Self-employed health insurance deduction	59		59
60 Health savings account deduction	60		60
61 Catastrophe savings account deduction	61		61
62 Self-employment tax deduction	62		62
63 First-time home buyer saving account deduction	63		63
64 Agricultural disaster program compensation deduction	64		64
65 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	65		65
66 <b>Total adjustments</b> (add lines 51 through 65)	66		66
67 <b>Adjusted gross income</b> (line 50 minus line 66; <b>enter total AGI on page 1, line 13b and Mississippi AGI line 13a</b> )	67		67
68 <b>Split Mississippi AGI on line 67 between taxpayer and spouse</b>	T 68		S 68

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



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SSN

**DIRECT DEPOSIT INFORMATION**

<p><b>1</b> Overpayment refund (from page 1, line 35)</p>	<p>1</p>								
<p><b>a</b> Routing Number 1</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 2px;">Account Number 1</td> <td style="width: 15%; padding: 2px;">Checking</td> <td style="width: 15%; padding: 2px;">Savings</td> <td style="width: 45%; padding: 2px;">Direct Deposit 1 Amount</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">1a</td> </tr> </table>	Account Number 1	Checking	Savings	Direct Deposit 1 Amount				1a
Account Number 1	Checking	Savings	Direct Deposit 1 Amount						
			1a						
<p><b>b</b> Routing Number 2</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 2px;">Account Number 2</td> <td style="width: 15%; padding: 2px;">Checking</td> <td style="width: 15%; padding: 2px;">Savings</td> <td style="width: 45%; padding: 2px;">Direct Deposit 2 Amount</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">1b</td> </tr> </table>	Account Number 2	Checking	Savings	Direct Deposit 2 Amount				1b
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">City</td> <td style="width: 33%; border-right: 1px solid black; padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>	City	State	Zip Code
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**