Form 80-205-17-8-2-000 (Rev. 10/17)

## Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2017

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SSN

INCOME		Total Inc	ome From All Sources	Missis	ssippi Income ONLY
O Managarahan	00 407)				
Wages, salaries, tips, etc. (complete Fo	•			38	00
Business income (loss) (attach Federa			.00		.00
O Capital gain (loss) (attach Federal Sch					.00
<ol> <li>Rent, royalties, partnerships, S corpora (from Form 80-108, part IV)</li> </ol>	tion, trusts, etc.	41	00	41	00
2 Farm income (loss) (attach Federal Sc	hedule F)	42	.00	42	00
3 Interest income (from Form 80-108, par	t II)		.00		.00
4 Dividend income (from Form 80-108, pa	rt II)		-00		.00
5 Alimony received			.00		.00
6 Taxable pensions and annuities (complete)	ete Form 80-107)		.00		00
7 Unemployment compensation (complet	e Form 80-107)		.00		00
8 Other income (loss) (from Form 80-108	part V)		.00		
9 Total income (add lines 38 through 48)			.00		00
ADJUSTMENTS		Total Inc	ome From All Sources	Missis	ssippi Income ONLY
Payments to IRA		50		50	
1 Payments to self-employed SEP, SIMPI	_E and gualified retirement r		.00		.00
2 Interest penalty on early withdrawal of s		·			00
3 Alimony paid (complete below)	ago				00
, aminority para (complete colority		55	00	55	.00
Name	SSN		State		
Name	SSN		State		
4 Moving expense (attach Federal Form	3903)	54		54	.00
5 National Guard or Reserve pay (enter the state of th	ne lesser of amount or \$15,0	00) <sub>55</sub>			.00
6 Mississippi Prepaid Affordable College	Tuition (MPACT)			56	00
7 Mississippi Affordable College Savings	(MACS)	57	00		
8 Self-employed health insurance deducti	on	58	00		
9 Health savings account deduction			00		
Catastrophe savings account deduction			_00		00
Self-employment tax deduction		61	00		
2 Total adjustments (add lines 50 through	h 61)	62	00		
3 Adjusted gross income (line 49 minus on page 1, line 13b and Mississippi A		63	.00		
4 Split Mississippi AGI on line 63 between		<b>T</b> 64	-00	<b>s</b> <sub>64</sub>	
AMENDED RETURN - EXPLANATION OF	CHANGES TO ORIGINAL	RETURN (attac	h additional statement if	needed)	
his return may be discussed with the properer	Yes No				
his return may be discussed with the preparer					
declare, under penalties of perjury, that I have his is a true, correct and complete return. Decl					
				р. ора. оа	o any miomongo.
Taxpayer Signature	Date	Taxpayer Phone Nun	nber Paid Preparer F	PTIN	
· · · · · ·	1				
Spouse Signature	Date	Paid Preparer Phone	Number Paid Preparer I	Email Address	
. •	1	a r reparer r none			I
Paid Preparer Signature	Date	Paid Preparer Address	s Citv		State Zip Code