



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2018

SSN \_\_\_\_\_

INCOME	Total Income From All Sources	Mississippi Income ONLY
38 Wages, salaries, tips, etc. (complete Form 80-107)	38 _____,00	38 _____,00
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39 _____,00	39 _____,00
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40 _____,00	40 _____,00
41 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part IV)	41 _____,00	41 _____,00
42 Farm income (loss) (attach Federal Schedule F)	42 _____,00	42 _____,00
43 Interest income (from Form 80-108, part II)	43 _____,00	43 _____,00
44 Dividend income (from Form 80-108, part II)	44 _____,00	44 _____,00
45 Alimony received	45 _____,00	45 _____,00
46 Taxable pensions and annuities (complete Form 80-107)	46 _____,00	46 _____,00
47 Unemployment compensation (complete Form 80-107)	47 _____,00	47 _____,00
48 Other income (loss) (from Form 80-108, part V)	48 _____,00	48 _____,00
49 <b>Total income</b> (add lines 38 through 48)	49 _____,00	49 _____,00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
50 Payments to IRA	50 _____,00	50 _____,00
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51 _____,00	51 _____,00
52 Interest penalty on early withdrawal of savings	52 _____,00	52 _____,00
53 Alimony paid (complete below)	53 _____,00	53 _____,00
<p>Name _____ SSN _____ State _____</p>		
54 Moving expense (attach Federal Form 3903)	54 _____,00	54 _____,00
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55 _____,00	55 _____,00
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56 _____,00	56 _____,00
57 Mississippi Affordable College Savings (MACS)	57 _____,00	57 _____,00
58 Self-employed health insurance deduction	58 _____,00	58 _____,00
59 Health savings account deduction	59 _____,00	59 _____,00
60 Catastrophe savings account deduction	60 _____,00	60 _____,00
61 Self-employment tax deduction	61 _____,00	61 _____,00
62 First-time home buyers saving account deduction	62 _____,00	62 _____,00
63 Agricultural disaster program compensation deduction	63 _____,00	63 _____,00
64 <b>Total adjustments</b> (add lines 50 through 63)	64 _____,00	64 _____,00
65 <b>Adjusted gross income</b> (line 49 minus line 64; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	65 _____,00	65 _____,00
66 <b>Split Mississippi AGI on line 65 between taxpayer and spouse</b>	T 66 _____,00	S 66 _____,00

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

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