



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2024

Amended

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

Form fields for Taxpayer/Spouse names, Mailing Address, City, State, Zip, and 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)

Table with 3 columns: (A) Name, (B), (C) Dependent SSN

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

7 Total number of dependents (from line 6 and Form 80-491)
9 Total dependents line 7 plus number of boxes checked line 8
10 Line 9 x \$1,500
11 Enter filing status exemption
12 Total (line 10 plus line 11)

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Table with 3 columns: 13a Mississippi adjusted gross income, 14a Standard or itemized deductions, 15a Exemptions

MISSISSIPPI INCOME TAX Column A (Taxpayer) Column B (Spouse)

Main tax calculation table with 38 rows and 3 columns: Description, Column A (Taxpayer), Column B (Spouse)

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



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SSN _____

Table with 3 columns: INCOME, Total Income From All Sources, Mississippi Income ONLY. Rows 39-50 include Wages, Business income, Capital gain, Rent, Farm income, Interest income, Dividend income, Alimony received, Taxable pensions, Unemployment compensation, and Total income.

Table with 3 columns: ADJUSTMENTS, Total Income From All Sources, Mississippi Income ONLY. Rows 51-54 include Payments to IRA, Payments to self-employed SEP, Interest penalty, and Alimony paid.

Name _____ SSN _____ State _____ Date of Divorce _____

Table with 3 columns: ADJUSTMENTS, Total Income From All Sources, Mississippi Income ONLY. Rows 55-68 include Moving expense, National Guard pay, MPACT, MACS, health insurance deduction, health savings account deduction, catastrophe savings account deduction, self-employment tax deduction, first-time home buyer saving account deduction, agricultural disaster program compensation deduction, Mississippi ABLA Act deduction, Total adjustments, Adjusted gross income, and Split Mississippi AGI.

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

Four horizontal lines for providing an explanation of changes to the original return.





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SSN _____

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 _____ .00

a Routing Number 1	Account Number 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit 1 Amount
_____	_____	1a _____ .00

b Routing Number 2	Account Number 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit 2 Amount
_____	_____	1b _____ .00

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