

# Mississippi Individual Income Tax Declaration For Electronic Filing 2024

**Submission Number**

Taxpayer First Name	Initial	Last Name	<b>YOU MUST ENTER SSN</b>
Spouse First Name	Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route)			
City	State	Zip	
			Taxpayer SSN _____
			Spouse SSN _____

**PART I: TAX RETURN INFORMATION** **(ROUND TO THE NEAREST DOLLAR)**

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1		.00
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2		.00
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3		.00
4 Refund (Form 80-105, line 34; 80-205, line 35)	4		.00
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5		.00

**PART II: DIRECT DEPOSIT/DIRECT DEBIT**

1 Routing number _____	3 Type of account:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>
2 Account number _____	
4 Routing number _____	6 Type of account:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>
5 Account number _____	

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature _____	Date _____	Spouse Signature _____	Date _____
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**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

<b>ERO Use Only</b>	ERO Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO SSN or PTIN _____
					EIN _____
Firm Name (or yours if self-employed), address and ZIP code _____					Phone No. _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Preparer Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer SSN or PTIN _____
					EIN _____
Firm Name (or yours if self-employed), address and ZIP code _____					Phone No. _____