

# Mississippi Individual Income Tax Declaration For Electronic Filing 2010

## Electronic Return Originator (ERO).

**MS8453****Duplex or Photocopies NOT Acceptable**

IRS DECLARATION CONTROL NUMBER

00-

-0

Taxpayer Last Name

Taxpayer First Name

Middle Initial

Taxpayer SSN

Spouse Last Name

Spouse First Name

Spouse Middle Initial

Spouse SSN

Mailing Address (Number &amp; Street, Including Rural Route)

Residence

County Code

City

State

ZIP

**PART I: TAX RETURN INFORMATION****(Round to the Nearest Dollar)**

1. Mississippi Taxable Income
2. Total Mississippi Tax
3. Mississippi Tax Payments & Credits
4. Refund
5. Amount You Owe

1.	
2.	
3.	
4.	
5.	

**PART II: DIRECT DEPOSIT**

1. Routing Number
2. Account Number
3. Type of Account

Checking

Savings

1.	
2.	

My request for direct deposit of my refund 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 is properly deposited.

**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.

Signature of Taxpayer

Date

Signature of Spouse

Date

**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.

**ERO USE ONLY**

ERO Signature

Date

Check If:

☐ Paid Preparer☐ Self-Employed

Social Security Number or PTIN

Employer Identification Number or PTIN

**Paid Preparer Use Only**

Paid Preparer Signature

Date

Check If:

☐ Self-Employed

Social Security Number or PTIN

Employer Identification Number or PTIN

Firm Name &amp; Address (Preparer Address if Self-Employed)

**Do NOT Mail this Document to the Mississippi Department of Revenue**