



Mississippi
TELEFILE SIGNATURE DOCUMENT
Individual Income Tax Return

2005 WIZ

Photocopies NOT Acceptable
Taxpayer Social Security Number

Taxpayer Last Name	First Name	Middle Initial
Spouse Last Name	First Name	Middle Initial
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip

- - - - -
Spouse Social Security Number

Total amount of this payment

----- 00

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE STATE TAX COMMISSION WITH YOUR SOCIAL SECURITY NUMBER CLEARLY PRINTED ON IT.

See instructions on the back of this page. Round amounts to the nearest dollar. **You have not filed a complete return by telephone until this signed document is received by the State Tax Commission.**

1. Enter name, address, and social security number in the label area above.
2. Staple state copy of W-2 forms to the back of this return. **DO NOT STAPLE IN THE BAR CODE.**

3. Enter refund amount. **REFUND** ► (R) ----- 00

4. If you owe state income tax, enter the total amount due in the box. Attach check or money order for the total due payable to: STATE TAX COMMISSION. **TOTAL DUE** ► (V) ----- 00

INDICATE IN THE BOX AT THE TOP OF THE PAGE THE AMOUNT OF PAYMENT ENCLOSED

5. Sign the return below.
6. If you completed the TeleFile Worksheet during your TELEFILE call, DO NOT send the Worksheet to the State Tax Commission. Keep the Worksheet for your records.
7. Send this form (and payment if applicable) to the appropriate address below.

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that correct information to the best of my ability was given through the Telefile Telephone Tax System in filing my 2003 return. I understand that my income tax return is not complete until this Signature Document is received by the State Tax Commission. To the best of my knowledge and belief, my return is true, correct and complete. This declaration must be forwarded to the State Tax Commission as validation of my Telephone Filed Income Tax Return.

_____ Taxpayer Signature	_____ Date
_____ Spouse Signature	_____ Date

Mail **REFUND** To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail **All Other Returns** To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050