

# Application for Automatic Extension of Time to File Individual or Fiduciary Income Tax Return

INSTRUCTIONS

1. Separate the form at the perforation below.
2. Send the bottom portion, along with payment in full of any additional tax due, on or before April 15.
3. Keep a photocopy of Form 80-180 for your records. It is not necessary to attach a copy of the form to your return.
4. **Fiduciary Taxpayers:** Enter Trust/Estate name in Taxpayer block and Name of Fiduciary in applicable box below.

**NOTE: Form 80-180 does not extend the time for payment of taxes.**

**IMPORTANT:**

- \* Form 80-180 below must be filed with your payment by April 15. You should pay in full and make check payable to: State Tax Commission. **ROUND TO WHOLE DOLLARS.**
- \* You must file your return by October 15.
- \* Do not attach this or any other extension form to your return when filed.
- \* If payment is not due, you do not have to file this form.
- \* **Duplex or Photocopies NOT Acceptable**

Tax Information

**All Taxpayers are encouraged to file their return electronically. Mississippi allows returns to be filed electronically two ways:**

- By using an approved e-file tax preparer, or
- On-line by using an approved on-line service provider

**Returns are more accurate and refunds are much faster when you e-file. Everybody wins.**

Tear along perforation

Form 80-180-05-8-1-000 (Rev. 05/05)



### Mississippi

### SIX MONTH EXTENSION REQUEST

The automatic extension is valid until October 15.

Payment of tax is due April 15.

**2005 WIE**

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

Taxpayer Social Security Number

.....-.....-.....

Spouse Social Security Number

.....-.....-.....

FEIN if Fiduciary Return

.....-.....

Total amount of this payment

..... 00

Return this form with check or money order payable to: State Tax Commission.

Print Social Security Number on check. Include Spouse SSN if JOINT ACCOUNT.

**Mail to:**  
**Office of Revenue**  
**P. O. Box 23075**  
**Jackson, MS 39225-3075**

**Duplex or Photocopies NOT Acceptable**