


**ORDER: OBJECT HOMESTEAD DISALLOWANCE BY MISSISSIPPI
DEPARTMENT OF REVENUE ON REED H FALKNER
PARCEL # 189Z-32-047.00**

Motion was made by Brent Larson, duly seconded by Larry Gillespie, to object Homestead Disallowance by MS Department of Revenue on Reed H Falkner, Parcel# 189Z-32-047.00.

The vote on the motion was as follows:

Supervisor Brent Larson, voted yes
Supervisor Larry Gillespie, voted yes
Supervisor David Rikard, voted yes
Supervisor Chad McLarty, voted yes
Supervisor Mike Roberts, voted yes

After the vote, President Roberts, declared the motion carried, this the 7th day of February, 2022.



**Mike Roberts, President
Board of Supervisors**



Sherry Wall, Chancery Clerk

Homestead Notice of Adjustment

— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI



Date: February 22, 2021
Letter ID: L1547348160
Period: December 31, 2020
Account #: 1027-8652



SHERRY J. WALL
LAFAYETTE CO BOARD OF SUPERVISORS
PO BOX 1240
OXFORD MS 38655-1240

FALKNER REED H
327 BLAIR COVE
OXFORD MS 386550000

Reimbursement Year: 2020

Parcel#: 189Z-32-047.00

School District: Lafayette County Schools

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

02. Applicant or applicant's spouse claims to be a resident of another state when assessed with income tax. §27-33-63 (2)

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the LAFAYETTE County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely,

Tax Administrator

Enclosure: Notice Certification

662- 832- 2874 - Reed

Notice Certification

Date: February 22, 2021
Letter ID: L1547348160
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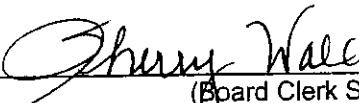
This certifies that the Board of Supervisors for LAFAYETTE County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
FALKNER REED H 327 BLAIR COVE OXFORD MS 386550000	189Z-32-047.00	Lafayette County Schools

Agree and Accept

The Board has met and entered into its minutes an order directing that the LAFAYETTE County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1, following the date of this notice.

So certified and confirmed by the Clerk of the LAFAYETTE Board of Supervisors,

Clerk 
(Board Clerk Signature)

The meeting of the LAFAYETTE Board of Supervisors was held
April 5, 2021
(Enter Date)

If in agreement, a copy of this completed document must be provided to the LAFAYETTE County Tax Collector.

Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

So certified and confirmed by the Clerk of the LAFAYETTE Board of Supervisors,

Clerk _____
(Board Clerk Signature)

The meeting of the LAFAYETTE Board of Supervisors was held

(Enter Date)

If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.



801052031146

Mississippi Resident Individual Income Tax Return 2020

Amended

Taxpayer First Name REED	Initial H	Last Name FALKNER
Spouse First Name ELIZABETH	Initial A	Last Name FALKNER
Mailing Address (Number and Street, including Rural Route) 327 BLAIR COVE		
City OXFORD	State MS	Zip 38655
		County Code 36

SSN **[REDACTED] 4235**
 Spouse SSN **[REDACTED] 8076**

- 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)		
6 (A) Name	(B)	(C) Dependent SSN
ANNIE L FALKNER	C	774502166
DOLLY E FALKNER	C	870082943
7 Total number of dependents (from line 6 and Form 80-491) 2		
8 Taxpayer Age 65 or Over Taxpayer Blind		
9 Total dependents line 7 plus number of boxes checked line 8 2		
10 Line 9 x \$1,500 3000		
11 Enter filing status exemption 12000		
12 Total (line 10 plus line 11) 15000		

MISSISSIPPI INCOME TAX		Column B (Spouse)	
13 Mississippi adjusted gross income (from page 2, line 65)	13A 36350	13B	[REDACTED]
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A	14B	7939
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	15B	15000
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A 36350	16B	[REDACTED]
17 Income tax due (from Schedule of Tax Computation, see instructions)		17	4909
18 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)		18	
19 Other credits (from Form 80-401, line 1)		19	
20 Net income tax due (line 17 minus line 18 and line 19)		20	4909
21 Consumer use tax (see instructions)		21	
22 Catastrophe savings tax (see instructions)		22	
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)		23	4909

PAYMENTS	
24 Mississippi income tax withheld (complete Form 80-107)	24 5631
25 Estimated tax payments, extension payments and/or amount paid on original return	25
26 Refund received and/or amount carried forward from original return (amended return only)	26
27 Total payments (line 24 plus line 25 minus line 26)	27 5631

REFUND OR BALANCE DUE	
(If no overpayment is due on line 28, skip to line 34)	
28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)	28 722
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29
30 Adjusted overpayment (line 28 minus line 29)	30 722
31 Overpayment to be applied to next year estimated tax account	31 Farmers or Fishermen (see instructions)
32 Voluntary contribution (from Form 80-108, part III)	32
33 Overpayment refund (line 30 minus line 31 and line 32)	33 722
34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	34 BALANCE DUE
35 Interest and penalty (from Form 80-320, line 19)	35
36 Total due (line 34 plus line 35)	36 AMOUNT YOU OWE

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 2

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2020
Copy C for employer's records
OMB No. 1545-0046

d Control number 0000016746 TFS
Dept. BDF8
Corp. S
Employer use only 19004

c Employer's name, address, and ZIP code
 LIBERTY MUTUAL GROUP INC
 100 LIBERTY WAY
 DOVER, NH 03820

e/f Employee's name, address, and ZIP code
 ELIZABETH A FALKNER
 327 BLAIR COVE
 OXFORD, MS 38655

g Employer's FED ID number 04-3583679
a Employee's SSA number XXX-XX-8076

1 Wages, tips, other comp. 94361.93
2 Federal income tax withheld 10252.01

3 Social security wages 103744.16
4 Social security tax withheld 6432.14

5 Medicare wages and tips 103744.16
6 Medicare tax withheld 1504.29

7 Social security tips
8 Allocated tips

9 Nonqualified plans
12a See instructions for box 12
C 55.62
12b D 9382.23
12c W 2749.87
12d DD 12596.52
13 Stat emp Ret. plan 3rd party sick pay X

14 Other

15 State Employer's state ID no. MS 1067-0012
16 State wages, tips, etc. 94361.93

17 State income tax 4343.00
18 Local wages, tips, etc.

19 Local income tax
20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GIL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

ELIZABETH A FALKNER
 327 BLAIR COVE
 OXFORD, MS 38655

Social Security Number: XXX-XX-8076

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PAGE 01 OF 01

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Dept. BDF8
Corp. S
Employer use only 19004

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 DOVER, NH 03820

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Federal Filing Copy
W-2 Wage and Tax Statement 2020
Copy B to be filed with employee's Federal income tax return.
OMB No. 1545-0046

MS State Filing Copy
W-2 Wage and Tax Statement 2020
Copy B to be filed with employee's Federal income tax return.
OMB No. 1545-0046

City or Local Filing Copy
W-2 Wage and Tax Statement 2020
Copy B to be filed with employee's Federal income tax return.
OMB No. 1545-0046