

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SURYA TEJA	Last name MEESALA	Your social security number 672-11-7930
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1285 PURPLE MOUNTAIN CV		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. COLLIERVILLE		State TN
Foreign country name		ZIP code 38017
Foreign province/state/county		Foreign postal code

You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	79,740.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	6.
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	1,132.
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-5,897.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	74,984.
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	74,984.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	62,584.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	9,557.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	9,557.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,557.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,557.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	10,455.
<b>b</b>	Form(s) 1099	<b>25b</b>	0.
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	10,455.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	12,255.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,698.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,698.
<b>b</b>	Routing number <u>1 1 1 0 0 0 0 2 5</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <u>5 8 6 0 3 5 8 6 2 0 6 7</u>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Note:** Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here** 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 (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> GLOBAL TAXES LLC	Firm's address <input type="checkbox"/> 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN <input type="checkbox"/> 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SURYA TEJA MEESALA

Your social security number  
672-11-7930

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,900.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ <u>Substitute Payment from 1099-Misc</u> 3.	<b>8</b>	3.
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,897.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

SURYA TEJA MEESALA

Your social security number

672-11-7930

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	39,572.	38,495.	55.	1,132.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 1,132.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	1,132.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: SURYA TEJA MEESALA Social security number or taxpayer identification number: 672-11-7930

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/20	12/31/20	39,572.	38,495.	W	55.	1,132.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				39,572.	38,495.		55.	1,132.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

SURYA TEJA MEESALA

Your social security number

672-11-7930

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** FLATNO A2, SRI KRISHNA NIV OPP ID HOSPITAL AMARAVTHI ROAD, NAGARALU, GUNTUR, ANDHRA PRADESH IN 522034  
**B**  
**C**

<b>1b</b>	Type of Property (from list below)	<b>2</b>	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	520.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,000.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,200.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,370.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,400.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,450.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	6,420.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-5,900.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -5,900. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		520.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,420.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 5,900. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-5,900.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
 SURYA TEJA MEESALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 672-11-7930

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . .	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	7		0.
8	Add lines 6 and 7 . . . . .	8		3,550.
9	Employer contributions made to your HSAs for 2020 . . . . .	9		3,450.
10	Qualified HSA funding distributions . . . . .	10		
11	Add lines 9 and 10 . . . . .	11		3,450.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		100.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	21	



# Mississippi Individual Income Tax Declaration For Electronic Filing 2020

Submission Number

Taxpayer First Name <b>SURYA TEJA</b>		Initial	Last Name <b>MEESALA</b>		<b>YOU MUST ENTER SSN</b>
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) <b>1285 PURPLE MOUNTAIN</b>					
City <b>COLLIERVILLE</b>	State <b>TN</b>	Zip <b>38017</b>	County Code <b>83</b>		
					Taxpayer SSN <b>672117930</b>
					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	66684
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	3094
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	3303
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	209
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

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

1 Routing number <b>111000025</b>	3 Type of account:
2 Account number <b>586035862067</b>	Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>

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 _____
--------------------------	------------	------------------------	------------

**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 <b>03092021</b>	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code <b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>				EIN <b>301017196</b>
					Phone No. <b>(678) 965-9522</b>

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 <b>SYAM PRIYA RAM SAGAR GUPTA</b>	Date <b>03092021</b>	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer SSN or PTIN <b>P02082703</b>
	Firm Name (or yours if self-employed), address and ZIP code <b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>				EIN <b>301017196</b>
					Phone No. <b>(678) 965-9522</b>



# Mississippi Resident Individual Income Tax Return 2020

Amended

Taxpayer First Name <b>SURYA TEJA</b>		Initial	Last Name <b>MEESALA</b>	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) <b>1285 PURPLE MOUNTAIN CV</b>				
City <b>COLLIERVILLE</b>	State <b>TN</b>	Zip <b>38017</b>	County Code <b>83</b>	

SSN 672117930

Spouse SSN

**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				
<b>Dependents</b> (in column B, enter "C" for child, "P" for parent or "R" for relative)			<b>8</b> Taxpayer Age 65 or Over	Spouse Age 65 or Over
<b>6</b> (A) Name	(B)	(C) Dependent SSN	Taxpayer Blind	Spouse Blind
7 Total number of dependents (from line 6 and Form 80-491)			<b>9</b> Total dependents line 7 plus number of boxes checked line 8	
			<b>10</b> Line 9 x \$1,500	10
			<b>11</b> Enter filing status exemption	11 6000
			<b>12</b> Total (line 10 plus line 11)	12 6000

MISSISSIPPI INCOME TAX		Column A (Taxpayer)	Column B (Spouse)
<b>13</b> Mississippi adjusted gross income (from page 2, line 65)	13A	74984	13B
<b>14</b> Standard or itemized deductions (if itemized, attach Form 80-108)	14A	2300	14B
<b>15</b> Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	6000	15B
<b>16</b> Mississippi taxable income (line 13 minus line 14 and line 15)	16A	66684	16B
<b>17</b> Income tax due (from Schedule of Tax Computation, see instructions)	17		3094
<b>18</b> Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)	18		
<b>19</b> Other credits (from Form 80-401, line 1)	19		0
<b>20</b> Net income tax due (line 17 minus line 18 and line 19)	20		3094
<b>21</b> Consumer use tax (see instructions)	21		
<b>22</b> Catastrophe savings tax (see instructions)	22		
<b>23</b> Total Mississippi income tax due (line 20 plus line 21 and line 22)	23		3094

PAYMENTS			
<b>24</b> Mississippi income tax withheld (complete Form 80-107)	24		3303
<b>25</b> Estimated tax payments, extension payments and/or amount paid on original return	25		
<b>26</b> Refund received and/or amount carried forward from original return (amended return only)	26		
<b>27</b> Total payments (line 24 plus line 25 minus line 26)	27		3303

REFUND OR BALANCE DUE			
(If no overpayment is due on line 28, skip to line 34)			
<b>28</b> Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)	28		209
<b>29</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)	29		
<b>30</b> Adjusted overpayment (line 28 minus line 29)	30		209
<b>31</b> Overpayment to be applied to next year estimated tax account	31	Farmers or Fishermen (see instructions)	0
<b>32</b> Voluntary contribution (from Form 80-108, part III)	32		
<b>33</b> Overpayment refund (line 30 minus line 31 and line 32)	33	<b>REFUND</b>	209
<b>34</b> Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	34	<b>BALANCE DUE</b>	
<b>35</b> Interest and penalty (from Form 80-320, line 19)	35		
<b>36</b> Total due (line 34 plus line 35)	36	<b>AMOUNT YOU OWE</b>	

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



# Mississippi Resident Individual Income Tax Return 2020

SSN

672117930

INCOME	Column A (Taxpayer)	Column B (Spouse)
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A 79740	37B
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38A	38B
39 Capital gain (loss) (attach Federal Schedule D, if applicable)	39A 1132	39B
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A -5900	40B
41 Farm income (loss) (attach Federal Schedule F)	41A	41B
42 Interest income (from Form 80-108, part II, line 3)	42A 3	42B
43 Dividend income (from Form 80-108, part II, line 6)	43A 6	43B
44 Alimony received	44A	44B
45 Taxable pensions and annuities (complete Form 80-107)	45A	45B
46 Unemployment compensation (complete Form 80-107)	46A	46B
47 Other income (loss) (from Form 80-108, part V, line 10)	47A 3	47B
48 Total income (add lines 37 through 47)	48A 74984	48B

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)																																																								
49 Payments to IRA	49A	49B																																																								
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A	50B																																																								
51 Interest penalty on early withdrawal of savings	51A 0	51B																																																								
52 Alimony paid (complete below)	52A	52B																																																								
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">SSN</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Date of Divorce</th> </tr> </thead> <tbody> <tr> <td>53 Moving expense (attach Federal Form 3903)</td> <td style="text-align: center;">53A</td> <td></td> <td style="text-align: center;">53B</td> </tr> <tr> <td>54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)</td> <td style="text-align: center;">54A</td> <td></td> <td style="text-align: center;">54B</td> </tr> <tr> <td>55 Mississippi Prepaid Affordable College Tuition (MPACT)</td> <td style="text-align: center;">55A</td> <td></td> <td style="text-align: center;">55B</td> </tr> <tr> <td>56 Mississippi Affordable College Savings (MACS)</td> <td style="text-align: center;">56A</td> <td></td> <td style="text-align: center;">56B</td> </tr> <tr> <td>57 Self-employed health insurance deduction</td> <td style="text-align: center;">57A</td> <td></td> <td style="text-align: center;">57B</td> </tr> <tr> <td>58 Health savings account deduction</td> <td style="text-align: center;">58A</td> <td></td> <td style="text-align: center;">58B</td> </tr> <tr> <td>59 Catastrophe savings account deduction</td> <td style="text-align: center;">59A</td> <td></td> <td style="text-align: center;">59B</td> </tr> <tr> <td>60 Self-employment tax deduction</td> <td style="text-align: center;">60A</td> <td></td> <td style="text-align: center;">60B</td> </tr> <tr> <td>61 First-time home buyer savings account deduction</td> <td style="text-align: center;">61A</td> <td></td> <td style="text-align: center;">61B</td> </tr> <tr> <td>62 Agricultural disaster program compensation deduction</td> <td style="text-align: center;">62A</td> <td></td> <td style="text-align: center;">62B</td> </tr> <tr> <td>63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction</td> <td style="text-align: center;">63A</td> <td></td> <td style="text-align: center;">63B</td> </tr> <tr> <td>64 Total adjustments (add lines 49 through 63)</td> <td style="text-align: center;">64A 0</td> <td></td> <td style="text-align: center;">64B</td> </tr> <tr> <td>65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)</td> <td style="text-align: center;">65A 74984</td> <td></td> <td style="text-align: center;">65B</td> </tr> </tbody> </table>			Name	SSN	State	Date of Divorce	53 Moving expense (attach Federal Form 3903)	53A		53B	54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B	55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B	56 Mississippi Affordable College Savings (MACS)	56A		56B	57 Self-employed health insurance deduction	57A		57B	58 Health savings account deduction	58A		58B	59 Catastrophe savings account deduction	59A		59B	60 Self-employment tax deduction	60A		60B	61 First-time home buyer savings account deduction	61A		61B	62 Agricultural disaster program compensation deduction	62A		62B	63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B	64 Total adjustments (add lines 49 through 63)	64A 0		64B	65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)	65A 74984		65B
Name	SSN	State	Date of Divorce																																																							
53 Moving expense (attach Federal Form 3903)	53A		53B																																																							
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B																																																							
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B																																																							
56 Mississippi Affordable College Savings (MACS)	56A		56B																																																							
57 Self-employed health insurance deduction	57A		57B																																																							
58 Health savings account deduction	58A		58B																																																							
59 Catastrophe savings account deduction	59A		59B																																																							
60 Self-employment tax deduction	60A		60B																																																							
61 First-time home buyer savings account deduction	61A		61B																																																							
62 Agricultural disaster program compensation deduction	62A		62B																																																							
63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B																																																							
64 Total adjustments (add lines 49 through 63)	64A 0		64B																																																							
65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)	65A 74984		65B																																																							

**AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)**

This return may be discussed with the preparer  Yes  No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		3616958224	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GUP	03092021	2530 Pebble Cr	SYAM@GTAXFILE.COM
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code
			Cumming GA 30041

**Mail REFUND returns to:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail all other returns to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



# Mississippi Adjustments And Contributions 2020

Taxpayer Name

MEESALA, SURYA TEJA

SSN 672117930

**PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)**

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

<b>1</b> Federal adjusted gross income from Federal Form 1040, line 11	1	74984		
<b>2 a</b> Medical and dental expenses	2a		2c	
<b>b</b> Multiply line 1 by 7.5% (.075)	2b			
<b>c</b> Medical and dental expense deduction (line 2a minus line 2b)				
<b>3 a</b> Total taxes paid	3a	3303	3c	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	3303		
<b>c</b> Total taxes paid deduction (line 3a minus line 3b)				
<b>4</b> Total interest paid			4	
<b>5</b> Charitable contributions			5	
<b>6</b> Total casualty or theft loss ( <b>attach Federal Form 4684</b> )			6	
<b>7 a</b> Other miscellaneous deductions	7a		7c	
<b>b</b> Less Mississippi gambling losses	7b			
<b>c</b> Total other miscellaneous deductions (line 7a minus line 7b)				
<b>8 Mississippi itemized deductions</b> (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	0

**PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)**

<b>1</b> Interest income from all sources	1	3
<b>2</b> Amount of Mississippi nontaxable interest in line 1	2	0
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3	3
<b>4</b> Total dividends from all sources	4	6
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5	0
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6	6

**PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)**

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at [www.dor.ms.gov](http://www.dor.ms.gov)) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund  
Burn Care Fund  
Wildlife Heritage Fund  
Educational Trust Fund

Wildlife Fisheries and Parks Foundation  
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 32



# Mississippi Adjustments And Contributions 2020

SSN 672117930

**PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES**

**A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES**

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	-5900
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	-5900

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S
----------------	--------------------------	--------------------------------

Total for Section B

**C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41)** -5900

**PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	
<hr style="border: 0.5px solid black;"/>		
List other types of income (loss)		
<hr style="border: 0.5px solid black;"/>		
4 Substitute payments (1099-MISC)	4	3
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48	10	3







# Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

**MEESALA, SURYA TEJA**

**THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING**

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G <input checked="" type="checkbox"/>      1099      K-1</p> <p>If 1099-R, Code in Box 7 384019216</p> <p>Employer or Payer ID from W-2, 1099, K-1 <b>SURYA TEJA MEESALA</b></p> <p>Taxpayer Name 672117930</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b>      0</p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Robinhood Securities LLC</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2, 1099, K-1</p> <p>Taxpayer Name</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b></p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2, 1099, K-1</p> <p>Taxpayer Name</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b></p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <p>W-2      W-2G      1099      K-1</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2, 1099, K-1</p> <p>Taxpayer Name</p> <p>Taxpayer Social Security Number</p>	<p><b>MS</b></p> <p>State      State Wages, Tips, Etc.</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p> <p>State      Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>