

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 ZUHAIB A	Last name RAJA	Your social security number 116-45-7210	
If joint return, spouse's first name and middle initial SHABNAM	Last name SHARMIN	Spouse's social security number 587-79-0309	
Home address (number and street). If you have a P.O. box, see instructions. 875 WILLIAM BLVD		Apt. no. 1703	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Ridgeland		State MS	
Foreign country name		ZIP code 39157	
Foreign province/state/county		Foreign postal code	

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. Standard Deduction for— • 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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	83,741.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	53.
	8	Other income from Schedule 1, line 9			8	3,215.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	87,009.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	87,009.
	12	Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	24,800.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	62,209.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,072.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,072.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,072.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,072.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,381.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,381.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	11,381.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,309.																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,309.																				
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																					

Amount You Owe

For details on how to pay, see instructions.

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

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	DATA ANALYST	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	BANK TELLER	<input type="text"/>

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/18/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196



Mississippi Resident Individual Income Tax Return 2020

Amended

Taxpayer First Name ZUHAIB		Initial A	Last Name RAJA	
Spouse First Name SHABNAM		Initial	Last Name SHARMIN	
Mailing Address (Number and Street, Including Rural Route) 875 WILLIAM BLVD Apt. 1703				
City Ridgeland	State MS	Zip 39157	County Code 31	

SSN **116457210**
Spouse SSN **587790309**

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

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
13 Mississippi adjusted gross income (from page 2, line 65)	13A 55904	13B 31105
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A 4600	14B 0
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A 12000	15B 0
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A 39304	16B 31105
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 3040
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 0
20 Net income tax due (line 17 minus line 18 and line 19)		20 3040
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 3040

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24 3034
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 3034

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	
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29	
30 Adjusted overpayment (line 28 minus line 29)	30	
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	REFUND
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)



Mississippi Resident Individual Income Tax Return 2020

SSN

116457210

INCOME	Column A (Taxpayer)		Column B (Spouse)	
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A	55834	37B	27907
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38A		38B	
39 Capital gain (loss) (attach Federal Schedule D, if applicable)	39A	53	39B	0
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A		40B	
41 Farm income (loss) (attach Federal Schedule F)	41A		41B	
42 Interest income (from Form 80-108, part II, line 3)	42A		42B	
43 Dividend income (from Form 80-108, part II, line 6)	43A	0	43B	0
44 Alimony received	44A		44B	
45 Taxable pensions and annuities (complete Form 80-107)	45A		45B	
46 Unemployment compensation (complete Form 80-107)	46A	0	46B	3198
47 Other income (loss) (from Form 80-108, part V, line 10)	47A	17	47B	
48 Total income (add lines 37 through 47)	48A	55904	48B	31105

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)	
49 Payments to IRA	49A	0	49B	
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A	0	50B	
51 Interest penalty on early withdrawal of savings	51A	0	51B	
52 Alimony paid (complete below)	52A		52B	
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	55904	65B	31105

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
		6625456158	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GUP	03182021	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

Duplex and Photocopies NOT Acceptable