

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 SAIKIRAN	Last name GANDLA	Your social security number 872-88-7538
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. 4701 lakeland dr		Apt. no. 17D	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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. FLOWOOD	State MS	ZIP code 39232	
Foreign country name	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

	(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
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	89,917.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a 24.	3b	71.
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6a Social security benefits	6a	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	6,584.
	8 Other income from Schedule 1, line 9		8	-6,935.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	89,637.
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.	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	89,637.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	9.
	14 Add lines 12 and 13		14	12,409.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	77,228.

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	12,780.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,780.
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	12,780.
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	12,780.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,854.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,854.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	12,854.

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	74.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	74.
Direct deposit? See instructions.	b	Routing number 0 2 1 2 0 0 3 3 9	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 3 8 1 0 4 2 6 1 4 8 9 8		
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.		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.		
	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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Phone no. (551) 208-3284 Email address gandlasaikiran93@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/23/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 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 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
SAIKIRAN GANDLA

Your social security number
872-88-7538

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Substitute Payment from 1099-Misc</u> 18. <u>Other Income from box 3 of 1099-Misc</u> 47.	8	65.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,935.

Part II Adjustments to Income

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

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 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
SAIKIRAN GANDLA

Your social security number
872-88-7538

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)
1a 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 .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	37,459.	30,876.		6,583.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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				7 6,583.

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)
8a 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 .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 1.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 1.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	6,584.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to 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

Social security number or taxpayer identification number

SAIKIRAN GANDLA

872-88-7538

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 Note 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). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	01/01/20	12/04/20	37,459.	30,876.			6,583.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				37,459.	30,876.			6,583.

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

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SAIKIRAN GANDLA

872-88-7538

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	Patancheru Sangareddy TELANGANA IN 502329				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<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)

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,500.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		850.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,450.		
15	Supplies	15		1,300.		
16	Taxes	16				
17	Utilities.	17		2,500.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		7,600.		
21	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 Form 6198	21		-7,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		7,600.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,000.)		
26	Total rental real estate and royalty income or (loss). 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	26		-7,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

SAIKIRAN GANDLA

Your taxpayer identification number

872-88-7538

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 47.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 47.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 9.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 9.
11	Taxable income before qualified business income deduction	11 77,237.	
12	Net capital gain (see instructions)	12 25.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 77,212.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 15,442.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 9.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Mississippi Individual Income Tax Declaration For Electronic Filing 2020

Submission Number

Taxpayer First Name SAIKIRAN	Initial	Last Name GANDLA	YOU MUST ENTER SSN	
Spouse First Name	Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 4701 lakeland dr Apt. 17D				
City FLOWOOD	State MS	Zip 39232	County Code 61	Taxpayer SSN 872887538
				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	81337
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	3827
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	4149
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	322
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number 021200339	3 Type of account:
2 Account number 381042614898	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 _____
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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.

ERO Use Only	ERO Signature	Date 09232021	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041			EIN 301017196	
				Phone No. (678)965-9522	

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.

Paid Preparer Use Only	Preparer Signature SYAM PRIYA RAM SAGAR GUPTA	Date 09232021	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN P02082703
	Firm Name (or yours if self-employed), address and ZIP code GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041			EIN 301017196	
				Phone No. (678)965-9522	



Mississippi Resident Individual Income Tax Return 2020

Amended

Taxpayer First Name SAIKIRAN		Initial	Last Name GANDLA	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) 4701 lakeland dr Apt. 17D				
City FLOWOOD	State MS	Zip 39232	County Code 61	

SSN 872887538

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

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491)

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

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	6000
12 Total (line 10 plus line 11)	12	6000

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
------------------------	---------------------	-------------------

13 Mississippi adjusted gross income (from page 2, line 65)	13A	89637	13B
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A	2300	14B
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	6000	15B
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A	81337	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)			17
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
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
			3827
			0
			3827
			3827

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24	4149	
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	4149	

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	322	
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)	29		
30 Adjusted overpayment (line 28 minus line 29)	30	322	
31 Overpayment to be applied to next year estimated tax account	31	0	
32 Voluntary contribution (from Form 80-108, part III)	32		
33 Overpayment refund (line 30 minus line 31 and line 32)	33	322	
34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	34		
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

872887538

INCOME	Column A (Taxpayer)	Column B (Spouse)
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A	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	39B
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	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	47B
48 Total income (add lines 37 through 47)	48A	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	51B				
52 Alimony paid (complete below)	52A	52B				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 20%;">SSN</td> <td style="width: 20%;">State</td> <td style="width: 30%;">Date of Divorce</td> </tr> </table>			Name	SSN	State	Date of Divorce
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	64B				
65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)	65A	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
		5512083284	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
		6789659522	SYAM@GTAXFILE.COM
SYAM PRIYA RAM SAGAR GUP	09232021	2530 Pebble Cr	Cumming GA 30041
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code

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



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Mississippi Adjustments And Contributions 2020

Page 1

Taxpayer Name

GANDLA, SAIKIRAN

SSN 872887538

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.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	89637		
2 a Medical and dental expenses	2a			
b Multiply line 1 by 7.5% (.075)	2b			
c Medical and dental expense deduction (line 2a minus line 2b)			2c	
3 a Total taxes paid	3a	4149		
b Less state income taxes (or other taxes in lieu of)	3b	4149		
c Total taxes paid deduction (line 3a minus line 3b)			3c	
4 Total interest paid			4	
5 Charitable contributions			5	
6 Total casualty or theft loss (attach Federal Form 4684)			6	
7 a Other miscellaneous deductions	7a			
b Less Mississippi gambling losses	7b			
c Total other miscellaneous deductions (line 7a minus line 7b)			7c	
8 Mississippi itemized deductions (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)

1 Interest income from all sources	1		0
2 Amount of Mississippi nontaxable interest in line 1	2		
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3		0
4 Total dividends from all sources	4		71
5 Amount of Mississippi nontaxable distributions reported in line 4	5		0
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6		71

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) 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 872887538

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	-7000
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	-7000

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
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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) -7000

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	18
5 Other income from Form 1099-MISC	5	47
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	65



Mississippi Income / Withholding Tax Schedule 2020

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

GANDLA, SAIKIRAN

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
X	<p>Check appropriate box</p> <p>W-2 W-2G 1099 K-1</p> <p>If 1099-R, Code in Box 7 770561842</p> <p>Employer or Payer ID from W-2, 1099, K-1 SAIKIRAN GANDLA Taxpayer Name 872887538 Taxpayer Social Security Number</p>	<p>MS 89917</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">4149</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>SRIVEN INFOSYS INC Employer or payer name 43-14 MAIN STREET 3RD FLO Address FLUSHING NY 11355 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 <input checked="" type="checkbox"/> 1099 K-1</p> <p>If 1099-R, Code in Box 7 132967453</p> <p>Employer or Payer ID from W-2, 1099, K-1 SAIKIRAN GANDLA Taxpayer Name 872887538 Taxpayer Social Security Number</p>	<p>MS 0</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>APEX CLEARING Employer or payer name Address 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 <input checked="" type="checkbox"/> 1099 K-1</p> <p>If 1099-R, Code in Box 7 132967453</p> <p>Employer or Payer ID from W-2, 1099, K-1 SAIKIRAN GANDLA Taxpayer Name 872887538 Taxpayer Social Security Number</p>	<p>MS 0</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>APEX CLEARING Employer or payer name Address 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>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p>	<p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>