

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name RAVITEJA NANNAPANENI	Social security number 659-24-2950
Spouse's name NIREESHA PONNAM	Spouse's social security number 385-91-8574

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	128,841.
2	Total tax	2	14,188.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,287.
4	Amount you want refunded to you	4	1,099.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	2	9	5	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	8	5	7	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] 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

Form fields for personal information: Your first name and middle initial (RAVITEJA), Last name (NANNAPANENI), Your social security number (659-24-2950), Spouse's social security number (385-91-8574), Home address (2309 DUCK POND CIR), City (MORRISVILLE), State (NC), ZIP code (27560).

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for— with sub-rows 2a-6b, 7-11, 12a-12c, 13-15.

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	14,188.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	14,188.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	14,188.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	14,188.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,287.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,287.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from 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 15	31	
32	Add lines 27a and 28 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	15,287.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,099.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,099.
Direct deposit? See instructions.	b Routing number 031202084 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 383011742731		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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.)
		STATISTICAL PROGRAMMER	_____
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.)
		DATA ANALYST	_____
Phone no. (318) 243-2683	Email address RAVI14.NANNAPANENI@GMAIL.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/14/2022	P02082703	
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

**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

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RAVITEJA NANNAPANENI & NIREESHA PONNAM

Your social security number
659-24-2950

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	-13,295.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
	Other Income from box 3 of 1099-Misc 11.		11.
9	Total other income. Add lines 8a through 8z	9	11.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-13,284.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

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

RAVITEJA NANNAPANENI & NIREESHA PONNAM

Your social security number

659-24-2950

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	52,954.	49,226.	331.	4,059.
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 4,059.

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
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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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. 	16	4,059.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <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	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

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

RAVITEJA NANNAPANENI & NIREESHA PONNAM

659-24-2950

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 2021 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	CHEBROLE CHEBROLE ANDHRA PRADESH IN 534406				
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		750.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,360.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,895.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,860.		
15	Supplies	15		3,330.		
16	Taxes	16				
17	Utilities.	17		4,600.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		14,045.		
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		-13,295.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(13,295.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		750.		
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		14,045.		
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	(13,295.)		
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		-13,295.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,295.

Schedule E (Form 1040) 2021

MS8453-IIT

**Mississippi
Individual Income Tax Declaration
For Electronic Filing
2021**

Submission Number

Taxpayer First Name RAVITEJA		Initial	Last Name NANNAPANENI		YOU MUST ENTER SSN
Spouse First Name NIREESHA		Initial	Last Name PONNAM		
Mailing Address (Number and Street, Including Rural Route) 2309 DUCK POND CIR Apt. B					
City MORRISVILLE		State NC	Zip 27560	County Code 90	Taxpayer SSN 659242950
					Spouse SSN 385918574

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	112241
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	5072
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	6308
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	1236
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number	031202084	3 Type of account:
2 Account number	383011742731	Checking <input checked="" type="checkbox"/> Savings

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.

ERO Use Only	ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		03142022			
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041			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	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA	03142022	<input checked="" type="checkbox"/>		P02082703
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041			301017196	
				Phone No.	(678)965-9522



Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name RAVITEJA	Initial	Last Name NANNAPANENI
Spouse First Name NIREESHA	Initial	Last Name PONNAM
Mailing Address (Number and Street, Including Rural Route) 2309 DUCK POND CIR Apt. B		
City MORRISVILLE	State NC	Zip 27560
		County Code 90

SSN **659242950**
Spouse SSN **385918574**

- 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			
			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	12000
7 Total number of dependents (from line 6 and Form 80-491)			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 105793	13B 23048
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 89193	16B 23048
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 5072
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 5072
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 5072

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24	6308
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	6308

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 1236
29 Interest and penalty (from Form 80-320, line 11 and/or line 12)		29
30 Adjusted overpayment (line 28 minus line 29)		30 1236
31 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	31 0
32 Voluntary contribution (from Form 80-108, part III)		32
33 Overpayment refund (line 30 minus line 31 and line 32)	REFUND	33 1236

Direct Deposit Request
(check box and go to page 3)

34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	BALANCE DUE	34
35 Interest and penalty (from Form 80-320, line 19)		35
36 Total due (line 34 plus line 35)	AMOUNT YOU OWE	36

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



Mississippi Resident Individual Income Tax Return 2021

SSN 659242950

INCOME	Column A (Taxpayer)		Column B (Spouse)	
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A	114618	37B	23048
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38A		38B	
39 Capital gain (loss) (attach Federal Schedule D, if applicable)	39A	4059	39B	0
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A	-13295	40B	
41 Farm income (loss) (attach Federal Schedule F)	41A		41B	
42 Interest income (from Form 80-108, part II, line 3)	42A	400	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		46B	
47 Other income (loss) (from Form 80-108, part V, line 10)	47A	11	47B	
48 Total income (add lines 37 through 47)	48A	105793	48B	23048

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	105793	65B	23048

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



Mississippi Resident Individual Income Tax Return 2021

SSN 659242950

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 33) 1 1236

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	Savings	Direct Deposit 1 Amount
031202084	383011742731			1a 1236
b Routing Number 2	Account Number 2	<input type="checkbox"/> Checking	Savings	Direct Deposit 2 Amount
				1b

SIGNATURE

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.

		3182432683	P02082703
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		6789659522	SYAM@GTAXFILE.COM
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GUP	03142022	2530 Pebble Cr	Cumming GA 30041
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code



Mississippi Adjustments And Contributions 2021

Taxpayer Name

NANNAPANENI, RAVITEJA & PONNAM

SSN 659242950

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	128841		
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	6308		
b Less state income taxes (or other taxes in lieu of)	3b	6308		
c Total taxes paid deduction (line 3a minus line 3b)			3c	
4 Total interest paid			4	
5 Charitable contributions			5	600
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	600

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

1 Interest income from all sources	1	400
2 Amount of Mississippi nontaxable interest in line 1	2	0
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	400
4 Total dividends from all sources	4	
5 Amount of Mississippi nontaxable distributions reported in line 4	5	
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	

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 2021

SSN 659242950

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	-13295
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	-13295

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) -13295

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 Other income from Form 1099-MISC	4	11
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	11



801072131163

Mississippi Income / Withholding Tax Schedule 2021

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

NANNAPANENI, RAVITEJA & PONNAM, NIREESHA

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	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 042955676 Employer or Payer ID from W-2, 1099, K-1 RAVITEJA NANNAPANEN Taxpayer Name 659242950 Taxpayer Social Security Number	MS 114618 State State Wages, Tips, Etc. 5338 Mississippi Withholding Only State Income from Other State	CYTEL INC Employer or payer name 1050 WINTER STREET #2700 Address WALTHAM MA 02451 City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 382963835 Employer or Payer ID from W-2, 1099, K-1 NIREESHA PONNAM Taxpayer Name 385918574 Taxpayer Social Security Number	MS 23048 State State Wages, Tips, Etc. 970 Mississippi Withholding Only State Income from Other State	Michigan Public Health In Employer or payer name 2436 Woodlake Circle, Ste Address OKEMOS MI 48864 City, State, ZIP

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G X 1099 K-1 If 1099-R, Code in Box 7 132967453 Employer or Payer ID from W-2, 1099, K-1 RAVITEJA NANNAPANEN Taxpayer Name 659242950 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only State Income from Other State	APEX CLEARING Employer or payer name Address City, State, ZIP

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box W-2 W-2G X 1099 K-1 If 1099-R, Code in Box 7 042683316 Employer or Payer ID from W-2, 1099, K-1 RAVITEJA NANNAPANEN Taxpayer Name 659242950 Taxpayer Social Security Number	MS 0 State State Wages, Tips, Etc. 0 Mississippi Withholding Only State Income from Other State	DIGITAL FEDERAL CREDIT UN Employer or payer name Address City, State, ZIP



Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
NANNAPANENI, RAVITEJA & PONNAM, NIREESHA

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 232892229 Employer or Payer ID from W-2, 1099, K-1 RAVITEJA NANNAPANEN Taxpayer Name 659242950 Taxpayer Social Security Number</p>	<p>MS 0 State State Wages, Tips, Etc.</p> <p>Mississippi Withholding Only 0</p> <p>State Income from Other State</p>	<p>CUSTOMERS BANK 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 <input checked="" type="checkbox"/> 1099 K-1</p> <p>If 1099-R, Code in Box 7 384019216 Employer or Payer ID from W-2, 1099, K-1 RAVITEJA NANNAPANEN Taxpayer Name 659242950 Taxpayer Social Security Number</p>	<p>MS 0 State State Wages, Tips, Etc.</p> <p>Mississippi Withholding Only 0</p> <p>State Income from Other State</p>	<p>Robinhood Securities LLC 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>MS State State Wages, Tips, Etc.</p> <p>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>

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 State State Wages, Tips, Etc.</p> <p>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>