

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name AKHIL DENCHANALA	Social security number 659-34-7332
Spouse's name	Spouse's social security number

## 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	67,839.
2	Total tax . . . . .	2	7,909.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	8,856.
4	Amount you want refunded to you . . . . .	4	2,347.
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	7	3	3	2
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

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  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 AKHIL	Last name DENCHANALA	Your social security number 659-34-7332
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. 3319 W 4TH ST		Apt. no. 206
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG		State MS
Foreign country name		ZIP code 39401
Foreign province/state/county		Foreign postal code

**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.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957  Are blind **Spouse:**  Was born before January 2, 1957  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"/>	<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"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	67,829.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	10.
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .		<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	67,839.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	67,839.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.	
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>		
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>		12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>		12,550.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>		55,289.	

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	7,909.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,909.
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	7,909.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,909.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,856.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,856.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	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	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	1,400.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,256.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,347.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,347.
b	Routing number 062203751 <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 2723287336		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . 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.

Refund

Direct deposit? See instructions.

Amount You Owe

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	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. (601) 307-2837 Email address AKHIL.DENCHANALA@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 03/28/2022	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

# Mississippi Individual Income Tax Declaration For Electronic Filing 2021

Submission Number

Taxpayer First Name <b>AKHIL</b>		Initial	Last Name <b>DENCHANALA</b>		<b>YOU MUST ENTER SSN</b>
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4TH ST Apt. 206</b>					
City <b>HATTIESBURG</b>		State <b>MS</b>	Zip <b>39401</b>	County Code <b>18</b>	Taxpayer SSN <b>659347332</b>
					Spouse SSN

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

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	59539
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	2707
3 Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)	3	2704
4 Refund (Form 80-105, line 33; 80-205, line 34)	4	
5 Amount you owe (Form 80-105, line 36; 80-205, line 37)	5	3

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

1 Routing number	3 Type of account:
2 Account number	<input type="checkbox"/> Checking <input 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
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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.

<b>ERO Use Only</b>	ERO Signature	Date <b>03282022</b>	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>(678) 965-9522</b>

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Preparer Signature	Date <b>03282022</b>	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN <b>P02082703</b>
	Firm Name (or yours if self-employed), address and ZIP code	<b>GLOBAL TAXES LLC 2530 Pebble Cr Cumming GA 30041</b>		<b>301017196</b>	<b>(678) 965-9522</b>

# Mississippi Individual / Fiduciary Income Tax Voucher

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://www.dor.ms.gov), click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2021

Tax Year Ending 12 31 2021

Taxpayer SSN/ITIN 659347332  
Spouse SSN/ITIN

Trust FEIN  
Name of Estate / Trust  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>		<b>Account Type (Check One)</b>	
AKHIL		DENCHANALA		<input type="checkbox"/> Quarterly Estimate Payment		
			<input checked="" type="checkbox"/> Return Payment		<input checked="" type="checkbox"/> Individual Income	
Spouse First Name Initial Last Name				<input type="checkbox"/> Extension Payment		<input type="checkbox"/> Fiduciary Income
Address				<input type="checkbox"/> Amended Return Payment		
3319 W 4TH ST APT 206						
City	State	Zip				
HATTIESBURG	MS	39401				

**Amount Paid**

3

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192



# Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name <b>AKHIL</b>		Initial	Last Name <b>DENCHANALA</b>	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) <b>3319 W 4TH ST Apt. 206</b>				
City <b>HATTIESBURG</b>		State <b>MS</b>	Zip <b>39401</b>	County Code <b>18</b>

SSN 659347332

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)			8	Taxpayer Age 65 or Over	Spouse Age 65 or Over
<b>6</b>	<b>(A) Name</b>	<b>(B)</b>	<b>(C) Dependent SSN</b>		
				Taxpayer Blind	Spouse Blind
			<b>9</b>	Total dependents line 7 plus number of boxes checked line 8	
			<b>10</b>	Line 9 x <b>\$1,500</b>	10
			<b>11</b>	Enter filing status exemption	11 <span style="float: right;">6000</span>
<b>7</b> Total number of dependents (from line 6 and Form 80-491)			<b>12</b>	Total (line 10 plus line 11)	12 <span style="float: right;">6000</span>

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

<b>13</b> Mississippi adjusted gross income (from page 2, line 65)	13A	67839	13B
<b>14</b> Standard or itemized deductions (if itemized, attach Form 80-108)	14A	2300	14B
<b>15</b> Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	6000	15B
<b>16</b> Mississippi taxable income (line 13 minus line 14 and line 15)	16A	59539	16B
<b>17</b> Income tax due (from Schedule of Tax Computation, see instructions)			17 <span style="float: right;">2707</span>
<b>18</b> Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)			18
<b>19</b> Other credits (from Form 80-401, line 1)			19 <span style="float: right;">0</span>
<b>20</b> Net income tax due (line 17 minus line 18 and line 19)			20 <span style="float: right;">2707</span>
<b>21</b> Consumer use tax (see instructions)			21
<b>22</b> Catastrophe savings tax (see instructions)			22
<b>23</b> Total Mississippi income tax due (line 20 plus line 21 and line 22)			23 <span style="float: right;">2707</span>

### PAYMENTS

<b>24</b> Mississippi income tax withheld (complete Form 80-107)			24 <span style="float: right;">2704</span>
<b>25</b> Estimated tax payments, extension payments and/or amount paid on original return			25
<b>26</b> Refund received and/or amount carried forward from original return (amended return only)			26
<b>27</b> Total payments (line 24 plus line 25 minus line 26)			27 <span style="float: right;">2704</span>

### REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

<b>28</b> Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)			28
<b>29</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)			29
<b>30</b> Adjusted overpayment (line 28 minus line 29)			30
<b>31</b> Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)		31
<b>32</b> Voluntary contribution (from Form 80-108, part III)			32
<b>33</b> Overpayment refund (line 30 minus line 31 and line 32)		<b>REFUND</b>	33
Direct Deposit Request (check box and go to page 3)			
<b>34</b> Balance due (if line 23 is more than line 27, subtract line 27 from line 23)		<b>BALANCE DUE</b>	34 <span style="float: right;">3</span>
<b>35</b> Interest and penalty (from Form 80-320, line 19)			35
<b>36</b> Total due (line 34 plus line 35)		<b>AMOUNT YOU OWE</b>	36 <span style="float: right;">3</span>

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

**PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3**



801052132163

# Mississippi Resident Individual Income Tax Return 2021

Page 2

SSN

659347332

INCOME	Column A (Taxpayer)		Column B (Spouse)
<b>37</b> Wages, salaries, tips, etc. ( <b>complete Form 80-107</b> )	37A	67829	37B
<b>38</b> Business income (loss) ( <b>attach Federal Schedule C or C-EZ</b> )	38A		38B
<b>39</b> Capital gain (loss) ( <b>attach Federal Schedule D, if applicable</b> )	39A	0	39B
<b>40</b> Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A		40B
<b>41</b> Farm income (loss) ( <b>attach Federal Schedule F</b> )	41A		41B
<b>42</b> Interest income (from Form 80-108, part II, line 3)	42A	10	42B
<b>43</b> Dividend income (from Form 80-108, part II, line 6)	43A		43B
<b>44</b> Alimony received	44A		44B
<b>45</b> Taxable pensions and annuities ( <b>complete Form 80-107</b> )	45A		45B
<b>46</b> Unemployment compensation ( <b>complete Form 80-107</b> )	46A		46B
<b>47</b> Other income (loss) (from Form 80-108, part V, line 10)	47A		47B
<b>48 Total income</b> (add lines 37 through 47)	48A	67839	48B

ADJUSTMENTS	Column A (Taxpayer)		Column B (Spouse)
<b>49</b> Payments to IRA	49A		49B
<b>50</b> Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A		50B
<b>51</b> Interest penalty on early withdrawal of savings	51A	0	51B
<b>52</b> Alimony paid (complete below)	52A		52B
Name	SSN	State	Date of Divorce
<b>53</b> Moving expense ( <b>attach Federal Form 3903</b> )	53A		53B
<b>54</b> National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A		54B
<b>55</b> Mississippi Prepaid Affordable College Tuition (MPACT)	55A		55B
<b>56</b> Mississippi Affordable College Savings (MACS)	56A		56B
<b>57</b> Self-employed health insurance deduction	57A		57B
<b>58</b> Health savings account deduction	58A		58B
<b>59</b> Catastrophe savings account deduction	59A		59B
<b>60</b> Self-employment tax deduction	60A		60B
<b>61</b> First-time home buyer savings account deduction	61A		61B
<b>62</b> Agricultural disaster program compensation deduction	62A		62B
<b>63</b> Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A		63B
<b>64 Total adjustments</b> (add lines 49 through 63)	64A	0	64B
<b>65 Mississippi adjusted gross income</b> (line 48 minus line 64; enter on page 1, line 13)	65A	67839	65B

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



# Mississippi Resident Individual Income Tax Return 2021

SSN 659347332

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 33)

1

a Routing Number 1	Account Number 1	Checking	Savings	Direct Deposit 1 Amount
				1a
b Routing Number 2	Account Number 2	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.**

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
		6013072837	P02082703
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
		6789659522	SYAM@GTAXFILE.COM
SYAM PRIYA RAM SAGAR GUP	03282022	2530 Pebble Cr	Cumming GA 30041
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code





# Mississippi Adjustments And Contributions 2021

Taxpayer Name  
**DENCHANALA, AKHIL**

SSN **659347332**

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

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

<b>1</b> Federal adjusted gross income from Federal Form 1040, line 11	1	67839	
<b>2 a</b> Medical and dental expenses	2a		
<b>b</b> Multiply line 1 by 7.5% (.075)	2b		
<b>c</b> Medical and dental expense deduction (line 2a minus line 2b)			2c
<b>3 a</b> Total taxes paid	3a	2704	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	2704	
<b>c</b> Total taxes paid deduction (line 3a minus line 3b)			3c
<b>4</b> Total interest paid			4
<b>5</b> Charitable contributions			5
<b>6</b> Total casualty or theft loss ( <b>attach Federal Form 4684</b> )			6
<b>7 a</b> Other miscellaneous deductions	7a		
<b>b</b> Less Mississippi gambling losses	7b		
<b>c</b> Total other miscellaneous deductions (line 7a minus line 7b)			7c
<b>8 Mississippi itemized deductions</b> (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8 <span style="float: right;">0</span>

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

<b>1</b> Interest income from all sources	1	10	
<b>2</b> Amount of Mississippi nontaxable interest in line 1	2	0	
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3	10	
<b>4</b> Total dividends from all sources	4		
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5		
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6		

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

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

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

Wildlife Fisheries and Parks Foundation  
 Commission for Volunteer Service Fund

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



# Mississippi Adjustments And Contributions 2021

SSN 659347332

**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 |
| 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 |

**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)**

**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 |

List other types of income (loss) \_\_\_\_\_

- |   |   |
|---|---|
| 4 | 4 |
| 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



# Mississippi Income / Withholding Tax Schedule 2021

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

**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 824679925 Employer or Payer ID from W-2, 1099, K-1 <b>AKHIL DENCHANALA</b> Taxpayer Name 659347332 Taxpayer Social Security Number	<b>MS</b> 67829 State      State Wages, Tips, Etc.  2704 <b>Mississippi Withholding Only</b>  State      Income from Other State	<b>BIDMONI</b> Employer or payer name 770 WATER ST STE 426 Address <b>BILOXI</b> MS 39530 City, State, ZIP

2	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 381798424 Employer or Payer ID from W-2, 1099, K-1 <b>AKHIL DENCHANALA</b> Taxpayer Name 659347332 Taxpayer Social Security Number	<b>MS</b> 0 State      State Wages, Tips, Etc.  0 <b>Mississippi Withholding Only</b>  State      Income from Other State	<b>DEPARTMENT OF TRASURY</b> Employer or payer name  Address  City, State, ZIP

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

**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 AKHIL	Last name DENCHANALA	Your social security number 659-34-7332
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. 3319 W 4TH ST		Apt. no. 206
City, town, or post office. If you have a foreign address, also complete spaces below. HATTIESBURG		State MS
Foreign country name		ZIP code 39401
Foreign province/state/county		Foreign postal code

You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

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

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		67,829.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	67,839.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	67,839.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	12,550.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	12,550.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	55,289.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	7,909.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	7,909.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,909.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,909.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,856.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,856.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27a</b>	
	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>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,400.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	10,256.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,347.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,347.
Direct deposit? See instructions.	<b>b</b> Routing number 062203751 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 2723287336		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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  Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (601) 307-2837	Email address AKHIL.DENCHANALA@GMAIL.COM
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM
Date 03/28/2022	PTIN P02082703
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196

**Paid Preparer Use Only**