

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 HARISH NUTTAKI	Social security number 109-89-7503
Spouse's name	Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2022** (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	89,614.
2 Total tax . . . . .	2	12,486.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	17,495.
4 Amount you want refunded to you . . . . .	4	5,009.
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 

9	7	5	0	3
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 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 \_\_\_\_\_ 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.   
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	1	8	9	5	2	3	1	9	8	9
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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 [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: HARISH; Last name: NUTTAKI; Your social security number: 109-89-7503
If joint return, spouse's first name and middle initial: ; Last name: ; Spouse's social security number:
Home address (number and street): 1109 S AVENUE B; Apt. no.: 2; City, town, or post office: DENTON; State: TX; ZIP code: 76201
Foreign country name: ; Foreign province/state/county: ; Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] 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, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with columns for line numbers and amounts. Includes sub-sections for Attach Form(s) W-2 here, Attach Sch. B, and Standard Deduction for-. Total taxable income: 76,664.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and PIN entry boxes.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARISH NUTTAKI

Your social security number  
109-89-7503

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-9,515.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-9,515.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

HARISH NUTTAKI

Your social security number

109-89-7503

**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 2022 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** L.B.NAGAR HYDERABAD TELANGANA IN 500074

**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	B			
<b>A</b>	3		<b>A</b>	185	0	<input type="checkbox"/>	
<b>B</b>			<b>B</b>			<input type="checkbox"/>	
<b>C</b>			<b>C</b>			<input type="checkbox"/>	

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 580.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 1,052.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 1,153.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,950.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,840.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,100.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 10,095.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -9,515.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 9,515. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 580.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 10,095.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 9,515. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	<b>26</b> -9,515.		



# Health Savings Accounts (HSAs)

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
 HARISH NUTTAKI

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 109-89-7503

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6 3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7 0.
8	Add lines 6 and 7 . . . . .	8 3,650.
9	Employer contributions made to your HSAs for 2022 . . . . .	9 500.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 500.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 3,150.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

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

14a	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

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

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

# Mississippi Individual Income Tax Declaration For Electronic Filing 2022

Submission Number

Taxpayer First Name <b>HARISH</b>		Initial	Last Name <b>NUTTAKI</b>		<b>YOU MUST ENTER SSN</b>
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) <b>1109 S AVENUE B Apt. 2</b>					
City <b>DENTON</b>	State <b>TX</b>	Zip <b>76201</b>	County Code <b>83</b>		
					Taxpayer SSN <b>109897503</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	26162
2 Total Mississippi tax (Form 80-105, line 24; 80-205, line 26)	2	1008
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	1338
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	330
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	

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

1 Routing number	062203751	3 Type of account:	Checking	<input checked="" type="checkbox"/>	Savings
2 Account number	1671499224	6 Type of account:	Checking		Savings
4 Routing number					
5 Account number					

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	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		04012023			
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			882145487	
				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.

<b>Paid Preparer Use Only</b>	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA	04012023	<input checked="" type="checkbox"/>		P02082703
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			843171965	
				Phone No.	
				(678) 965-9522	





# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

Amended

Non-Resident   Part-Year, Tax Year Beginning 01012022 and Ending 04012022

Taxpayer First Name <b>HARISH</b>		Initial	Last Name <b>NUTTAKI</b>	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) <b>1109 S AVENUE B Apt. 2</b>				
City <b>DENTON</b>	State <b>TX</b>	Zip <b>76201</b>	County Code <b>83</b>	

SSN **109897503**  
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)

<b>8</b> Taxpayer Age 65 or Over	Spouse Age 65 or Over
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>12</b> Total (line 10 plus line 11)	12 <span style="float: right;">6000</span>

**PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)**

<b>13a</b> Mississippi adjusted gross income <span style="float: right;">28832</span>	<b>14a</b> Standard or itemized deductions <span style="float: right;">2300</span>	<b>15a</b> Exemptions (from line 12; if married filing separate, use 1/2 amount)
<b>b</b> Adjusted gross income from all sources <span style="float: right;">89614</span>	<b>b</b> Mississippi deductions (line 14a multiplied by line 13c) <span style="float: right;">740</span>	<b>b</b> Mississippi exemption (line 15a multiplied by line 13c) <span style="float: right;">1930</span>
<b>c</b> Line 13a divided by line 13b <span style="float: right;">32.1735</span>		

**MISSISSIPPI INCOME TAX**

	Column A (Taxpayer)	Column B (Spouse)
<b>16</b> Mississippi adjusted gross income (from page 2, line 67 or line 68)	16A 28832	16B
<b>17</b> Deductions (from line 14b; if itemized, attach Form 80-108)	17A 740	17B
<b>18</b> Exemptions (from line 15b)	18A 1930	18B
<b>19</b> Mississippi taxable income (line 16 minus line 17 and line 18)	19A 26162	19B
<b>20</b> Income tax due (from Schedule of Tax Computation, see instructions)		20 1008
<b>21</b> Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3d)		21
<b>22</b> Other credits (from Form 80-401, line 1)		22 0
<b>23</b> Net income tax due (line 20 minus line 21 and line 22)		23 1008
<b>24</b> Consumer use tax (see instructions)		24
<b>25</b> Catastrophe savings tax (see instructions)		25
<b>26</b> Total Mississippi income tax due (line 23 plus line 24 and line 25)		26 1008
<b>27</b> Mississippi income tax withheld (complete Form 80-107)		27 1338
<b>28</b> Estimated tax payments, extension payments and/or amount paid on original return		28
<b>29</b> Refund received and/or amount carried forward from original return (amended return only)		29
<b>30</b> Total payments (line 27 plus line 28 minus line 29)		30 1338
<b>31</b> Overpayment (if line 30 is more than line 26, subtract line 26 from line 30; if zero, skip to line 36)		31 330
<b>32</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)		32
<b>33</b> Adjusted overpayment (line 31 minus line 32)		33 330
<b>34</b> Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	34 0
<b>35</b> Overpayment refund (line 33 minus line 34)	<b>REFUND</b>	35 330
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)		
<b>36</b> Balance due (if line 26 is more than line 30, subtract line 30 from line 26)	<b>BALANCE DUE</b>	36
<b>37</b> Interest and penalty (from Form 80-320, line 19)		37
<b>38</b> Total due (line 36 plus line 37)	<b>AMOUNT YOU OWE</b>	38

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



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

SSN 109897503

INCOME	Total Income From All Sources	Mississippi Income ONLY
39 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	39 99129	39 28832
40 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	40	40
41 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	41	41
42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	42 -9515	42 0
43 Farm income (loss) <b>(attach Federal Schedule F)</b>	43	43
44 Interest income (from Form 80-108, part II, line 3)	44	44
45 Dividend income (from Form 80-108, part II, line 6)	45	45
46 Alimony received	46	46
47 Taxable pensions and annuities <b>(complete Form 80-107)</b>	47	47
48 Unemployment compensation <b>(complete Form 80-107)</b>	48	48
49 Other income (loss) (from Form 80-108, part V, line 10)	49	49
50 <b>Total income</b> (add lines 39 through 49)	50 89614	50 28832

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
51 Payments to IRA	51	51
52 Payments to self-employed SEP, SIMPLE and qualified retirement plans	52	52
53 Interest penalty on early withdrawal of savings	53	53
54 Alimony paid (complete below)	54	54
Name	SSN	State
Date of Divorce		
55 Moving expense <b>(attach Federal Form 3903)</b>	55	55
56 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	56	56
57 Mississippi Prepaid Affordable College Tuition (MPACT)	57	57
58 Mississippi Affordable College Savings (MACS)	58	58
59 Self-employed health insurance deduction	59	59
60 Health savings account deduction	60	60
61 Catastrophe savings account deduction	61	61
62 Self-employment tax deduction	62	62
63 First-time home buyer saving account deduction	63	63
64 Agricultural disaster program compensation deduction	64	64
65 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	65	65
66 <b>Total adjustments</b> (add lines 51 through 65)	66	66
67 <b>Adjusted gross income</b> (line 50 minus line 66; <b>enter total AGI on page 1, line 13b and Mississippi AGI line 13a</b> )	67 89614	67 28832
68 <b>Split Mississippi AGI on line 67 between taxpayer and spouse</b>	T 68 28832	S 68

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



802052233163

# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

SSN 109897503

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 35) 1 330

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	Savings	Direct Deposit 1 Amount
062203751	1671499224			1a 330
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.**

		6013077498	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 GU	0401202	245 ROONEY CT	E BRUNSWICK NJ 08816
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**



# Mississippi Adjustments And Contributions 2022

Taxpayer Name

NUTTAKI, HARISH

SSN 109897503

**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	89614	
<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	1338	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	1338	
<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
			0

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

<b>1</b> Interest income from all sources	1	0
<b>2</b> Amount of Mississippi nontaxable interest in line 1	2	
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	3	0
<b>4</b> Total dividends from all sources	4	0
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5	0
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45)	6	0

**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 33



# Mississippi Adjustments And Contributions 2022

SSN 109897503

**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	-9515
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	-9515

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

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A	COLUMN B	COLUMN C
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C) B1

**C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42** C -9515

**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 48 or Form 80-205, page 2, line 49 10



**Mississippi  
Income / Withholding Tax Schedule  
2022**

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

**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  If 1099-R, Code in Box 7 390509570 Employer or Payer ID from W-2 or 1099 <b>HARISH NUTTAKI</b> Taxpayer Name 109897503 Taxpayer Social Security Number	State                28832 State Wages, Tips, Etc.  1338 Mississippi Withholding Only  State                Income from Other State	Northwestern Mutual Life Employer or payer name 720 E Wisconsin Ave PO Bo Address MILWAUKEE                                        WI 53201 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  If 1099-R, Code in Box 7 464364776 Employer or Payer ID from W-2 or 1099 <b>HARISH NUTTAKI</b> Taxpayer Name 109897503 Taxpayer Social Security Number	State                0 State Wages, Tips, Etc.  0 Mississippi Withholding Only  State                Income from Other State	ROBINHOOD SECURITIES LLC 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  If 1099-R, Code in Box 7  Employer or Payer ID from W-2 or 1099  Taxpayer Name  Taxpayer Social Security Number	State                0 State Wages, Tips, Etc.  Mississippi Withholding Only  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  If 1099-R, Code in Box 7  Employer or Payer ID from W-2 or 1099  Taxpayer Name  Taxpayer Social Security Number	State                0 State Wages, Tips, Etc.  Mississippi Withholding Only  State                Income from Other State	Employer or payer name  Address  City, State, ZIP