

MS8453-IIT

**Mississippi
Individual Income Tax Declaration
For Electronic Filing
2022**

Submission Number

Taxpayer First Name RANADHEER REDDY		Initial	Last Name NALLAMADA		YOU MUST ENTER SSN
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 4375 HIGHWAY 51 N Apt. 2-201					
City HORN LAKE	State MS	Zip 38637	County Code 17		
					Taxpayer SSN 661629750
					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	6900
2 Total Mississippi tax (Form 80-105, line 24; 80-205, line 26)	2	76
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	788
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	712
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number	064000020	3 Type of account:	Checking	Savings	<input checked="" type="checkbox"/>
2 Account number	444021691973				
4 Routing number		6 Type of account:	Checking	Savings	
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 _____

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
		03232023			
	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.

Paid Preparer Use Only	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	VENKATA SAI PAVAN KUMAR DU	03232023	<input checked="" type="checkbox"/>		P02470833
	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



Mississippi Resident Individual Income Tax Return 2022

Amended

Taxpayer First Name	Initial	Last Name
RANADHEER REDDY		NALLAMADA
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
4375 HIGHWAY 51 N Apt. 2-201		
City	State	Zip
HORN LAKE	MS	38637
		County Code
		17

SSN 661629750

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
6 (A) Name	(B)	(C) Dependent SSN		Taxpayer Blind	Spouse Blind
7 Total number of dependents (from line 6 and Form 80-491)			9	Total dependents line 7 plus number of boxes checked line 8	
			10	Line 9 x \$1,500	10
			11	Enter filing status exemption	11 6000
			12	Total (line 10 plus line 11)	12 6000

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
13 Mississippi adjusted gross income (from page 2, line 66)	13A 15200	13B
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A 2300	14B
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A 6000	15B
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A 6900	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 76
18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return)		18
19 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3d)		19
20 Other credits (from Form 80-401, line 1)		20 0
21 Net income tax due (line 17 minus line 18, line 19 and line 20)		21 76
22 Consumer use tax (see instructions)		22
23 Catastrophe savings tax (see instructions)		23
24 Total Mississippi income tax due (line 21 plus line 22 and line 23)		24 76

PAYMENTS

25 Mississippi income tax withheld (complete Form 80-107)	25 788
26 Estimated tax payments, extension payments and/or amount paid on original return	26
27 Refund received and/or amount carried forward from original return (amended return only)	27
28 Total payments (line 25 plus line 26 minus line 27)	28 788

REFUND OR BALANCE DUE

29 Overpayment (if line 28 is more than line 24, subtract line 24 from line 28; if zero, skip to line 35)	29 712
30 Interest and penalty (from Form 80-320, line 11 and/or line 12)	30
31 Adjusted overpayment (line 29 minus line 30)	31 712
32 Overpayment to be applied to next year estimated tax account	32 0
33 Voluntary contribution (from Form 80-108, part III)	33
34 Overpayment refund (line 31 minus line 32 and line 33)	34 712

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

35 Balance due (if line 24 is more than line 28, subtract line 28 from line 24)	BALANCE DUE 35
36 Interest and penalty (from Form 80-320, line 19)	36
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE 37

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



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INCOME	Column A (Taxpayer)	Column B (Spouse)
38 Wages, salaries, tips, etc. (complete Form 80-107)	38A 15200	38B
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39A	39B
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40A 0	40B
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A	41B
42 Farm income (loss) (attach Federal Schedule F)	42A	42B
43 Interest income (from Form 80-108, part II, line 3)	43A	43B
44 Dividend income (from Form 80-108, part II, line 6)	44A	44B
45 Alimony received	45A	45B
46 Taxable pensions and annuities (complete Form 80-107)	46A	46B
47 Unemployment compensation (complete Form 80-107)	47A	47B
48 Other income (loss) (from Form 80-108, part V, line 10)	48A	48B
49 Total income (add lines 38 through 48)	49A 15200	49B

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
50 Payments to IRA	50A	50B
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51A	51B
52 Interest penalty on early withdrawal of savings	52A 0	52B
53 Alimony paid (complete below)	53A	53B
Name	SSN	State
		Date of Divorce
54 Moving expense (attach Federal Form 3903)	54A	54B
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55A	55B
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56A	56B
57 Mississippi Affordable College Savings (MACS)	57A	57B
58 Self-employed health insurance deduction	58A	58B
59 Health savings account deduction	59A	59B
60 Catastrophe savings account deduction	60A	60B
61 Self-employment tax deduction	61A	61B
62 First-time home buyer savings account deduction	62A	62B
63 Agricultural disaster program compensation deduction	63A	63B
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64A	64B
65 Total adjustments (add lines 50 through 64)	65A 0	65B
66 Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13)	66A 15200	66B

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



Mississippi Resident Individual Income Tax Return 2022

SSN 661629750

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 712

a Routing Number 1	Account Number 1	Checking <input checked="" type="checkbox"/> Savings	Direct Deposit 1 Amount
064000020	444021691973		1a 712
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
		6789659522	P02470833
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
VENKATA SAI PAVAN KUMAR	03232023	245 ROONEY CT	E BRUNSWIC NJ 08816
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code



Mississippi Income / Withholding Tax Schedule 2022

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

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 204230194 Employer or Payer ID from W-2 or 1099 RANADHEER REDDY NAL Taxpayer Name 661629750 Taxpayer Social Security Number	MS 15200 State State Wages, Tips, Etc. 788 Mississippi Withholding Only State Income from Other State	SKY TECHNOLOGIES LLC Employer or payer name 950 N WASHINGTON ST STE 2 Address ALEXANDRIA VA 22314 City, State, ZIP

2	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	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	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	MS State 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	MS State State Wages, Tips, Etc. Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP