

# Mississippi Individual Income Tax Declaration For Electronic Filing 2023

Submission Number

Taxpayer First Name <b>SURYA TEJA</b>	Initial	Last Name <b>MEESALA</b>	<b>YOU MUST ENTER SSN</b>		
Spouse First Name <b>PRISCILLA</b>	Initial	Last Name <b>ALLAM</b>			Taxpayer SSN <b>672117930</b>
Mailing Address (Number and Street, Including Rural Route) <b>1285 PURPLE MOUNTAIN</b>					Spouse SSN <b>126139702</b>
City <b>COLLIERVILLE</b>	State <b>TN</b>	Zip <b>38017</b>	County Code <b>83</b>		

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

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	42763
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	1638
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	1880
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	242
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	<input checked="" type="checkbox"/>	Savings
2 Account number	444026718644	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 \_\_\_\_\_

**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
		03132024			
	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

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
		03132024		<input checked="" type="checkbox"/>	
	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 2023

Amended

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

Taxpayer First Name <b>SURYA TEJA</b>	Initial	Last Name <b>MEESALA</b>		SSN <b>672117930</b>
Spouse First Name <b>PRISCILLA</b>	Initial	Last Name <b>ALLAM</b>		Spouse SSN <b>126139702</b>
Mailing Address (Number and Street, Including Rural Route) <b>1285 PURPLE MOUNTAIN CV</b>				
City <b>COLLIERVILLE</b>	State <b>TN</b>	Zip <b>38017</b>	County Code <b>83</b>	

- 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**

<b>Dependents</b> (in column B, enter "C" for child, "P" for parent or "R" for relative)			<b>8</b> Taxpayer Age 65 or Over	Spouse Age 65 or Over
<b>6 (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            12000
<b>7</b> Total number of dependents (from line 6 and Form 80-491)			<b>12</b> Total (line 10 plus line 11)	12            12000

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

<b>13a</b> Mississippi adjusted gross income 48240	<b>14a</b> Standard or itemized deductions 4600	<b>15a</b> Exemptions (from line 12; if married filing separate, use 1/2 amount) 12000
<b>b</b> Adjusted gross income from all sources 146228	<b>b</b> Mississippi deductions (line 14a multiplied by line 13c) 1518	<b>b</b> Mississippi exemption (line 15a multiplied by line 13c) 3959
<b>c</b> Line 13a divided by line 13b 32.9896		

**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            48240	16B            0
<b>17</b> Deductions (from line 14b; if itemized, attach Form 80-108)	17A            1518	17B            0
<b>18</b> Exemptions (from line 15b)	18A            3959	18B            0
<b>19</b> Mississippi taxable income (line 16 minus line 17 and line 18)	19A            42763	19B            0
<b>20</b> Income tax due (from Schedule of Tax Computation, see instructions)		20            1638
<b>21</b> Other credits (from Form 80-401, line 1)		21            0
<b>22</b> Net income tax due (line 20 minus line 21)		22            1638
<b>23</b> Consumer use tax (see instructions)		23            0
<b>24</b> Catastrophe savings tax (see instructions)		24            0
<b>25</b> Total Mississippi income tax due (line 22 plus line 23 and line 24)		25            1638
<b>26</b> Mississippi income tax withheld (complete Form 80-107)		26            1880
<b>27</b> Estimated tax payments, extension payments and/or amount paid on original return		27            0
<b>28</b> Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)		28            0
<b>29</b> Refund received and/or amount carried forward from original return (amended return only)		29            0
<b>30</b> Total payments (line 26 plus line 27 and line 28 minus line 29)		30            1880
<b>31</b> Overpayment (if line 30 is more than line 25, subtract line 25 from line 30; if zero, skip to line 36)		31            242
<b>32</b> Interest and penalty (from Form 80-320, line 11 and/or line 12)		32            0
<b>33</b> Adjusted overpayment (line 31 minus line 32)		33            242
<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            242
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)		
<b>36</b> Balance due (if line 25 is more than line 30, subtract line 30 from line 25)	<b>BALANCE DUE</b>	36            0
<b>37</b> Interest and penalty (from Form 80-320, line 19)		37            0
<b>38</b> Total due (line 36 plus line 37)	<b>AMOUNT YOU OWE</b>	38            0

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



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

SSN 672117930

INCOME	Total Income From All Sources		Mississippi Income ONLY	
39 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	39	149197	39	48240
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	-3000	41	0
42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	42	0	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	31	49	0
50 <b>Total income</b> (add lines 39 through 49)	50	146228	50	48240

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	146228	67	48240
68 <b>Split Mississippi AGI on line 67 between taxpayer and spouse</b>	T 68	48240	S 68	0

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



802052333163

# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

SSN 672117930

**DIRECT DEPOSIT INFORMATION**

1 Overpayment refund (from page 1, line 35) 1 242

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 1 Amount
064000020	444026718644			1a 242
b Routing Number 2	Account Number 2	<input type="checkbox"/> Checking	<input type="checkbox"/> 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	3616958224	P02082703
		Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	6789659522	syam@gtaxfile.com
		Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GU	0313202	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 2023

Taxpayer Name  
**MEESALA, SURYA TEJA & ALLAM, P**

SSN **672117930**

**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	146197	
<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	1880	
<b>b</b> Less state income taxes (or other taxes in lieu of)	3b	1880	
<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		
<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 44 or Form 80-205, line 45)	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  
Bum 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 2023

SSN 672117930

**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	0
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	0

**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 0

**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 Taxable dependent care	4	31
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	31



801072331163

# Mississippi Income / Withholding Tax Schedule 2023

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)  
**MEESALA, SURYA TEJA & ALLAM, P**

**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 300414899 Employer or Payer ID from W-2 or 1099 <b>SURYA TEJA MEESALA</b> Taxpayer Name 672117930 Taxpayer Social Security Number	<b>MS</b> 48240 State                      State Wages, Tips, Etc.  1880 <b>Mississippi Withholding Only</b>  State                      Income from Other State	<b>VIEW INC.</b> Employer or payer name 12380 Kirk Road Address <b>OLIVE BRANCH</b> MS 38654 City, State, ZIP

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
X	Check appropriate box W-2                      W-2G                      1099  If 1099-R, Code in Box 7 591237041 Employer or Payer ID from W-2 or 1099 <b>SURYA TEJA MEESALA</b> Taxpayer Name 672117930 Taxpayer Social Security Number	<b>MS</b> 0 State                      State Wages, Tips, Etc.  0 <b>Mississippi Withholding Only</b>  <b>TN</b> 100926 State                      Income from Other State	<b>RAYMOND JAMES &amp; ASSOCIATE</b> Employer or payer name 880 CARILLON PARKWAY Address <b>SAINT PETERSBURG</b> FL 33716 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	<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  If 1099-R, Code in Box 7  Employer or Payer ID from W-2 or 1099  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