

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name <u>RANADHEER REDDY NALLAMADA</u> | Social security number <u>661-62-9750</u> |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information — Tax Year Ending December 31, 2023 (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 | 39,132. |
| 2 Total tax | 2 | 2,813. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 3,507. |
| 4 Amount you want refunded to you | 4 | 694. |
| 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

| | | | | |
|---|---|---|---|---|
| 2 | 9 | 7 | 5 | 0 |
|---|---|---|---|---|

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 2023, ending _____, 2023. See separate instructions.

Your first name and middle initial: RANADHEER REDDY; Last name: NALLAMADA; Your social security number: 661 62 9750

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. Apt. no.: 4375 HIGHWAY 51 N, 10-202

City, town, or post office. If you have a foreign address, also complete spaces below. State: MS; ZIP code: 38637

Foreign country name: _____; Foreign province/state/country: _____; Foreign postal code: _____

Filing Status: [X] Single; [] Head of household (HOH); [] Married filing jointly; [] Married filing separately (MFS); [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [] 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, 1959 [] Are blind; Spouse: [] Was born before January 2, 1959 [] 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

Income table with columns 1a-1z. 1a: Total amount from Form(s) W-2, box 1 (see instructions) 39,132. 1b: Household employee wages not reported on Form(s) W-2. 1c: Tip income not reported on line 1a (see instructions). 1d: Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e: Taxable dependent care benefits from Form 2441, line 26. 1f: Employer-provided adoption benefits from Form 8839, line 29. 1g: Wages from Form 8919, line 6. 1h: Other earned income (see instructions) 0. 1i: Nontaxable combat pay election (see instructions). 1z: Add lines 1a through 1h 39,132.

Table with columns 2a-6a, 2b-6b, 7-15. 2a: Tax-exempt interest. 2b: Taxable interest. 3a: Qualified dividends. 3b: Ordinary dividends. 4a: IRA distributions. 4b: Taxable amount. 5a: Pensions and annuities. 5b: Taxable amount. 6a: Social security benefits. 6b: Taxable amount. 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8: Additional income from Schedule 1, line 10. 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 39,132. 10: Adjustments to income from Schedule 1, line 26. 11: Subtract line 10 from line 9. This is your adjusted gross income 39,132. 12: Standard deduction or itemized deductions (from Schedule A) 13,850. 13: Qualified business income deduction from Form 8995 or Form 8995-A. 14: Add lines 12 and 13 13,850. 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 25,282.

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

| | | | | |
|------------------------|--|--|-----------|--------|
| Tax and Credits | 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 | 2,813. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 2,813. |
| | 19 | 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 | 2,813. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 2,813. | |

| | | | | |
|-----------------|---|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 3,507. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 3,507. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,507. | |

| | | | | |
|---------------|--|---|------------|------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 694. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 694. |
| | b | Routing number 064000020 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings | | |
| | d | Account number 444021691973 | | |
| 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | 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. (662) 863-9559 Email address RANADHEERM95@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|------|-----------------------------|---|
| Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI | Date | PTIN P02470833 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 88-2145487 |



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

Amended

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

| | | |
|--|--------------------|-------------------------------|
| Taxpayer First Name RANADHEER REDDY | Initial | Last Name NALLAMADA |
| Spouse First Name | Initial | Last Name |
| Mailing Address (Number and Street, Including Rural Route) 4375 HIGHWAY 51 N Apt. 10-202 | | |
| City HORN LAKE | State MS | Zip 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)

| 6 (A) Name | (B) | (C) Dependent SSN |
|------------|-----|-------------------|
| | | |
| | | |

7 Total number of dependents (from line 6 and Form 80-491)

| | | |
|--|---------------------------------------|------|
| 8 Taxpayer Age 65 or Over Taxpayer Blind | Spouse Age 65 or Over Spouse Blind | |
| 9 Total dependents line 7 plus number of boxes checked line 8 | | |
| 10 Line 9 x \$1,500 | 10 | |
| 11 Enter filing status exemption | 11 | 6000 |
| 12 Total (line 10 plus line 11) | 12 | 6000 |

PRORATION

(COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

| | | |
|--|--|--|
| 13a Mississippi adjusted gross income 28000 | 14a Standard or itemized deductions 2300 | 15a Exemptions (from line 12; if married filing separate, use 1/2 amount) 6000 |
| b Adjusted gross income from all sources 39132 | b Mississippi deductions (line 14a multiplied by line 13c) 1646 | b Mississippi exemption (line 15a multiplied by line 13c) 4293 |
| c Line 13a divided by line 13b 71.5527 | | |

MISSISSIPPI INCOME TAX

Column A (Taxpayer)

Column B (Spouse)

| | | | | |
|--|--|-----------------------|-----|------|
| 16 Mississippi adjusted gross income (from page 2, line 67 or line 68) | 16A | 28000 | 16B | |
| 17 Deductions (from line 14b; if itemized, attach Form 80-108) | 17A | 1646 | 17B | |
| 18 Exemptions (from line 15b) | 18A | 4293 | 18B | |
| 19 Mississippi taxable income (line 16 minus line 17 and line 18) | 19A | 22061 | 19B | |
| 20 Income tax due (from Schedule of Tax Computation, see instructions) | | | 20 | 603 |
| 21 Other credits (from Form 80-401, line 1) | | | 21 | 0 |
| 22 Net income tax due (line 20 minus line 21) | | | 22 | 603 |
| 23 Consumer use tax (see instructions) | | | 23 | |
| 24 Catastrophe savings tax (see instructions) | | | 24 | |
| 25 Total Mississippi income tax due (line 22 plus line 23 and line 24) | | | 25 | 603 |
| 26 Mississippi income tax withheld (complete Form 80-107) | | | 26 | 1064 |
| 27 Estimated tax payments, extension payments and/or amount paid on original return | | | 27 | |
| 28 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D) | | | 28 | |
| 29 Refund received and/or amount carried forward from original return (amended return only) | | | 29 | |
| 30 Total payments (line 26 plus line 27 and line 28 minus line 29) | | | 30 | 1064 |
| 31 Overpayment (if line 30 is more than line 25, subtract line 25 from line 30; if zero, skip to line 36) | | | 31 | 461 |
| 32 Interest and penalty (from Form 80-320, line 11 and/or line 12) | | | 32 | |
| 33 Adjusted overpayment (line 31 minus line 32) | | | 33 | 461 |
| 34 Overpayment to be applied to next year estimated tax account | Farmers or Fishermen (see instructions) | | 34 | 0 |
| 35 Overpayment refund (line 33 minus line 34) | | REFUND | 35 | 461 |
| <input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3) | | | | |
| 36 Balance due (if line 25 is more than line 30, subtract line 30 from line 25) | | BALANCE DUE | 36 | |
| 37 Interest and penalty (from Form 80-320, line 19) | | | 37 | |
| 38 Total due (line 36 plus line 37) | | AMOUNT YOU OWE | 38 | |

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



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

SSN 661629750

| INCOME | Total Income From All Sources | Mississippi Income ONLY |
|---|-------------------------------|-------------------------|
| 39 Wages, salaries, tips, etc. (complete Form 80-107) | 39 39132 | 39 28000 |
| 40 Business income (loss) (attach Federal Schedule C or C-EZ) | 40 | 40 |
| 41 Capital gain (loss) (attach Federal Schedule D, if applicable) | 41 | 41 |
| 42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 42 | 42 |
| 43 Farm income (loss) (attach Federal Schedule F) | 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 (complete Form 80-107) | 47 | 47 |
| 48 Unemployment compensation (complete Form 80-107) | 48 | 48 |
| 49 Other income (loss) (from Form 80-108, part V, line 10) | 49 | 49 |
| 50 Total income (add lines 39 through 49) | 50 39132 | 50 28000 |

| 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 (attach Federal Form 3903) | 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 Total adjustments (add lines 51 through 65) | 66 | | 66 |
| 67 Adjusted gross income (line 50 minus line 66; enter total AGI on page 1, line 13b and Mississippi AGI line 13a) | 67 39132 | | 67 28000 |
| 68 Split Mississippi AGI on line 67 between taxpayer and spouse | T 68 28000 | | S 68 |

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 661629750

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 461

| | | | |
|--|--|--|--|
| <p>a Routing Number 1</p> <p style="margin-left: 20px;">064000020</p> | <p>Account Number 1</p> <p style="margin-left: 20px;">444021691973</p> | <p>Checking <input checked="" type="checkbox"/> Savings</p> | <p>Direct Deposit 1 Amount</p> <p style="margin-left: 20px;">1a 461</p> |
| <p>b Routing Number 2</p> | <p>Account Number 2</p> | <p>Checking Savings</p> | <p>Direct Deposit 2 Amount</p> <p style="margin-left: 20px;">1b</p> |

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.

| | | | |
|-------------------------|------|----------------------------|---|
| | | 6628639559 | P02470833 |
| Taxpayer Signature | Date | Taxpayer Phone Number | Paid Preparer PTIN |
| | | 6789659522 | syam@gtaxfile.com |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |
| VENKATA SAI PAVAN KUMAR | | 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 Income / Withholding Tax Schedule 2023

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 |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 921486106</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 RANADHEER REDDY NAL</p> <p style="text-align: center;">Taxpayer Name 661629750</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p>MS 0</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>TN 11132</p> <p>State Income from Other State</p> | <p>AMEYA INFOTECH LLC</p> <p>Employer or payer name</p> <p>3238 PLAYERS CLUB CIR STE</p> <p>Address</p> <p>MEMPHIS TN 38125</p> <p>City, State, ZIP</p> |

| 2 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 204230194</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 RANADHEER REDDY NAL</p> <p style="text-align: center;">Taxpayer Name 661629750</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p>MS 28000</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: right;">1064</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p> | <p>SKY TECHNOLOGIES LLC</p> <p>Employer or payer name</p> <p>950 N WASHINGTON ST STE 2</p> <p>Address</p> <p>ALEXANDRIA VA 22314</p> <p>City, State, ZIP</p> |

| 3 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|---|--|
| | <p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p> | <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p> |

| 4 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|--|---|--|
| | <p style="text-align: center;">Check appropriate box</p> <p>W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099</p> <p style="text-align: center;">Taxpayer Name</p> <p style="text-align: center;">Taxpayer Social Security Number</p> | <p>MS</p> <p>State State Wages, Tips, Etc.</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>State Income from Other State</p> | <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p> |

Duplex and Photocopies NOT Acceptable