

Mississippi Individual Income Tax Declaration For Electronic Filing 2023

Submission Number

Taxpayer First Name ARCHANA		Initial	Last Name BANNOTH		YOU MUST ENTER SSN
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 103 ROSS BLVD Apt. A6					
City HATTIESBURG		State MS	Zip 39401	County Code 18	Taxpayer SSN 282538425
					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	-5214
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	0
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	0

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number	3 Type of account: Checking Savings
2 Account number	
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
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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.

ERO Use Only	ERO Signature	Date 03282024	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
	GLOBAL TAXES LLC				EIN
	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.

Paid Preparer Use Only	Preparer Signature	Date 03282024	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA				P02082703
	GLOBAL TAXES LLC				EIN
	245 ROONEY CT E BRUNSWICK NJ 08816				P02082703
					Phone No.
					(678) 965-9522



Mississippi Resident Individual Income Tax Return 2023

Amended

Taxpayer First Name ARCHANA		Initial	Last Name BANNOTH	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) 103 ROSS BLVD Apt. A6				
City HATTIESBURG		State MS	Zip 39401	County Code 18

SSN 282538425

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			
			8	Taxpayer Age 65 or Over	Spouse Age 65 or Over
				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)
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13 Mississippi adjusted gross income (from page 2, line 66)	13A 3086	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 -5214	16B
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 0
18 Credit for tax paid to another state (from Form 80-160, line 12; attach other state return)		18
19 Other credits (from Form 80-401, line 1)		19 0
20 Net income tax due (line 17 minus line 18 and line 19)		20 0
21 Consumer use tax (see instructions)		21
22 Catastrophe savings tax (see instructions)		22
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)		23 0

PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24
25 Estimated tax payments, extension payments and/or amount paid on original return	25
26 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)	26
27 Refund received and/or amount carried forward from original return (amended return only)	27
28 Total payments (line 24 plus line 25 and line 26 minus line 27)	28

REFUND OR BALANCE DUE

29 Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35)		29
30 Interest and penalty (from Form 80-320, line 11 and/or line 12)		30
31 Adjusted overpayment (line 29 minus line 30)		31
32 Overpayment to be applied to next year estimated tax account	Farmers or Fishermen (see instructions)	32
33 Voluntary contribution (from Form 80-108, part III)		33
34 Overpayment refund (line 31 minus line 32 and line 33)	REFUND	34

55 Direct Deposit Request		
56 (check box and go to page 3)		
57		
58 35 Balance due (if line 23 is more than line 28, subtract line 28 from line 23)	BALANCE DUE	35 0
59 36 Interest and penalty (from Form 80-320, line 19)		36
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE	37 0

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



Mississippi Resident Individual Income Tax Return 2023

SSN 282538425

INCOME	Column A (Taxpayer)	Column B (Spouse)
38 Wages, salaries, tips, etc. (complete Form 80-107)	38A 3086	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 3086	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 3086	66B

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



801052333163

Mississippi Resident Individual Income Tax Return 2023

SSN 282538425

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34)

1

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

SIGNATURE

This return may be discussed with the preparer Yes No

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

Taxpayer Signature	Date	6019139276	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 GUP	03282024	245 ROONEY CT	E BRUNSWIC NJ 08816
		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)

BANNOTH, ARCHANA

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	<p>Check appropriate box W-2 W-2G 1099</p> <p>If 1099-R, Code in Box 7 232573585</p> <p>Employer or Payer ID from W-2 or 1099 ARCHANA BANNOTH</p> <p>Taxpayer Name 282538425</p> <p>Taxpayer Social Security Number</p>	<p>MS 3086</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>State Income from Other State</p>	<p>ARAMARK FOOD & SUP SVCSAGE Employer or payer name P O BOX 8018 Address PHILADELPHIA PA 19101 City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box W-2 W-2G 1099</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2 or 1099</p> <p>Taxpayer Name</p> <p>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>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box W-2 W-2G 1099</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2 or 1099</p> <p>Taxpayer Name</p> <p>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>Check appropriate box W-2 W-2G 1099</p> <p>If 1099-R, Code in Box 7</p> <p>Employer or Payer ID from W-2 or 1099</p> <p>Taxpayer Name</p> <p>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>