

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>RAHUL</b>	Last name <b>MANJULE</b>	Your social security number <b>6 9 5 4 8 1 3 9 2</b>
If joint return, spouse's first name and middle initial <b>SHUBHANGI</b>	Last name <b>DONGRE</b>	Spouse's social security number <b>9 2 8 9 7 0 9 3 5</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>16406 SW ESTUARY DR</b>		Apt. no. <b>202</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>BEAVERTON, OR 97006</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

**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, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>SPRUHA R</b>	<b>MANJULE</b>	<b>9 4 2 9 7 9 8 6 1</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under *Standard Deduction*, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	<b>73432</b>
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b> <b>400</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b> <b>73832</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b> <b>73832</b>
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>		<b>24400</b>
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .			<b>11a</b> <b>24400</b>
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .			<b>11b</b> <b>49432</b>

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	<b>5543</b>		
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total			<b>12b</b>	<b>5543</b>
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	<b>500</b>		
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total			<b>13b</b>	<b>500</b>
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b>	<b>5043</b>
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10			<b>15</b>	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>			<b>16</b>	<b>5043</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099			<b>17</b>	<b>5243</b>
<b>18</b>	Other payments and refundable credits:				
<b>a</b>	Earned income credit (EIC)	<b>18a</b>			
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>			
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>			
<b>d</b>	Schedule 3, line 14	<b>18d</b>			
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>			<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>			<b>19</b>	<b>5243</b>

• If you have a qualifying child, attach Sch. EIC.  
 • If you have nontaxable combat pay, see instructions.

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	<b>200</b>
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	<b>200</b>
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text"/>		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  **Yes.** Complete below.  **No**

(Other than paid preparer) 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.

Joint return?  
See instructions.  
Keep a copy for your records.

Your signature	Date	Your occupation <b>SOFTWARE ENGINEER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>HOUSE WIFE</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

**SCHEDULE B**  
**(Form 1040 or 1040-SR)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

RAHUL MANJULE

695481392

**Part I**  
**Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

WELLS FARGO BANK, N.A.

**Amount**

400

**1**

**2** Add the amounts on line 1 . . . . .

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . . . ►

400

0

400

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer ►

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . ►

**6**

0

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**Foreign Accounts and Trusts**

**7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

**8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

**2019 Form OR-40**

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



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Office use only	

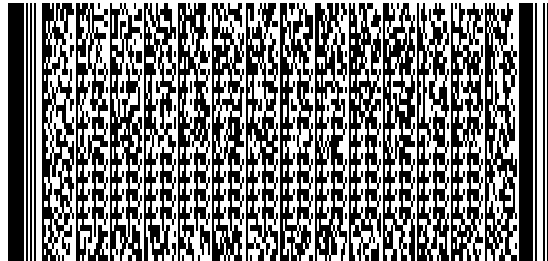
**Oregon Individual Income Tax Return for Full-year Residents**

*Submit original form—do not submit photocopy*

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election.       Federal disaster relief.
- Extension filed.               Federal Form 8886.
- Form OR-24.



First name <b>RAHUL</b>	Initial	Last name <b>MANJULE</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>695-48-1392</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name <b>SHUBHANGI</b>	Initial	Spouse's last name <b>DONGRE</b>	<input type="checkbox"/> Deceased	Spouse's SSN <b>928-97-0935</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address <b>16406 SW ESTUARY DR APT 202</b>				Date of birth (mm/dd/yyyy) <b>02/10/1980</b>	Spouse's date of birth <b>04/06/1984</b>	
City <b>BEAVERTON</b>	State <b>OR</b>	ZIP code <b>97006</b>	Country <b>USA</b>	Phone <b>503-432-3463</b>		

**Filing status** (check only **one** box)

- 1.  Single.
- 2.  Married filing jointly.
- 3.  Married filing separately (enter spouse's information **above**).
- 4.  Head of household (with qualifying dependent).
- 5.  Qualifying widow(er) with dependent child.

**Exemptions**

- 6a. Credits for yourself:  Regular       Severely disabled ... 6a. **Total 1**
- Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse:  Regular       Severely disabled ... 6b. **Total 1**
- Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box  and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
<b>SPRUHA</b>	<b>MANJULE</b>	<b>SD</b>	<b>942-97-9861</b>	<b>07/05/2013</b>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*Dependent relationship code (see instructions).

6c. Total number of dependents ..... 6c. **1**

6d. Total number of dependent children with a qualifying disability (see instructions) ..... 6d. **0**

6e. Total exemptions. Add 6a through 6d. .... **Total. 6e. 1**

# 2019 Form OR-40



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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue

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Name <b>RAHUL MANJULE</b>	SSN <b>695-48-1392</b>
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**Note: Reprint page 1 if you make changes to this page.**

## Taxable income

7. Federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b; 1040-NR, line 35; 1040-NR-EZ, line 10; or 1040-X, line 1C (see instructions).....	7.	73,832.00
8. Total additions from Schedule OR-ASC, section 1.....	8.	
9. Income after additions. Add lines 7 and 8.....	9.	73,832.00

## Subtractions

10. 2019 federal tax liability. <b>See instructions for the correct amount: \$0-\$6,800.</b> .....	10.	5,043.00
11. Social Security included on federal Form 1040 or 1040-SR, line 5b.....	11.	
12. Oregon income tax refund included in federal income.....	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	
14. Total subtractions. Add lines 10 through 13.....	14.	5,043.00
15. Income after subtractions. Line 9 minus line 14.....	15.	68,789.00

## Deductions

16. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	16.	
17. <b>Standard deduction.</b> Enter your standard deduction (see instructions).....	17.	4,545.00
<b>You were:</b> 17a. <input type="checkbox"/> 65 or older 17b. <input type="checkbox"/> Blind <b>Your spouse was:</b> 17c. <input type="checkbox"/> 65 or older 17d. <input type="checkbox"/> Blind		
18. Enter the larger of line 16 or 17.....	18.	4,545.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-.....	19.	64,244.00

## Oregon tax

20. <b>Tax.</b> Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	5,284.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21.	
22. Total tax before credits. Add lines 20 and 21.....	22.	5,284.00

## Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$206. Otherwise, see instructions.....	23.	618.00
24. Political contribution credit. <b>See limits in instructions.</b> .....	24.	
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	
26. Total standard credits. Add lines 23 through 25.....	26.	618.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter -0-.....	27.	4,666.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	4,666.00

2019 Form OR-40



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Oregon Department of Revenue

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Table with 2 columns: Name (RAHUL MANJULE) and SSN (695-48-1392)

Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

Table with 2 columns: Description (lines 30-36) and Amount (4,533.00, 882.00, 5,415.00)

Tax to pay or refund

Table with 2 columns: Description (lines 37-49) and Amount (749.00, 749.00, 749.00)

Direct deposit

Form for direct deposit with checkboxes for account type (Checking/Savings) and routing/account numbers.

Kicker donation

Form for kicker donation with checkbox and instructions for completion.

# 2019 Form OR-40



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Oregon Department of Revenue

00461901041682

Name <b>RAHUL MANJULE</b>	SSN <b>695-48-1392</b>
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**Note: Reprint page 1 if you make changes to this page.**

**Sign here.** Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature <b>X</b>	Date		
Spouse's signature (if filing jointly, both <b>must</b> sign) <b>X</b>	Date		
Signature of preparer other than taxpayer <b>X</b>	Preparer phone	Preparer license number, if professionally prepared	
Preparer address	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

**Important:** Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

**Make your payment** (if you have an amount due on line 42)

- **Online payments:** Visit our website at [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2019 Oregon Form OR-40"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher unless you're sending us a separate payment.

**Send in your return**

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

**Amended statement.** Complete this section only if you're amending your 2019 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

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