

2022 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

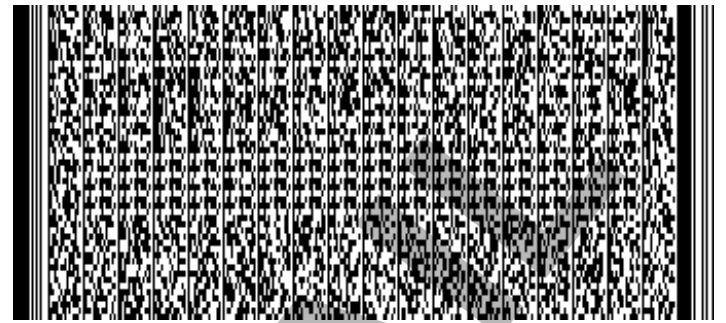
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

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

- Extension filed
- Amended return.
If amending for an NOL tax year (YYYY)
NOL, tax year the NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief



First name

Initial

Date of birth (MM/DD/YYYY)

SANTOSH NAIK

04/15/1990

Last name

KARRA

Social Security number (SSN)

649-81-1950

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name

Initial

Spouse date of birth (MM/DD/YYYY)

NIKITHA

03/30/1990

Spouse last name

THOUTA

Spouse SSN

442-93-5265

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

4129 SE POWDER LN

City

HILLSBORO

Country

USA

State

OR

Phone

510-735-7033

ZIP code

97123

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 surviving spouse



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Last name KARRA SSN 649-81-1950

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

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

Dependents.

List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name

AVYUKTH KARRA

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

02/04/2020 641-79-7842 SD

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Dependent 3: Check if child has a qualifying disability

*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.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 3



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Last name SSN
 KARRA 649-81-1950

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Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. 194,089.00

8. Total additions from Schedule OR-ASC, line A5..... 8.

9. Income after additions. Add lines 7 and 8..... 9. 194,089.00

Subtractions

10. 2022 federal tax liability (see instructions)..... 10. 7,250.00

11. Social Security amount on federal Form 1040 or 1040-SR, line 6b..... 11.

12. Oregon income tax refund included in federal income..... 12.

13. Total subtractions from Schedule OR-ASC, line B7..... 13.

14. Total subtractions. Add lines 10 through 13..... 14. 7,250.00

15. Income after subtractions. Line 9 minus line 14..... 15. 186,839.00

Deductions

16. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 16. 19,567.00

17. **Standard deduction.** Enter your standard deduction 17. 4,840.00

You were: 17a. 65 or older 17b. Blind Your spouse was: 17c. 65 or older 17d. Blind

Standard deductions

Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.
 See instructions if you are married filing separately.



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Last name SSN
KARRA 649-81-1950

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Deductions (continued)

18. Enter the larger of line 16 or 17..... 18. 19,567.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 167,272.00

Oregon tax

20. Tax (see instructions) 20. 14,109.00
Check the appropriate box if you're using an alternative method to calculate your tax:
20a. [] Schedule OR-FIA-40 20b. [] Worksheet FCG 20c. [] Schedule OR-PTE-FY

21. Interest on certain installment sales 21.
22. Total tax before credits. Add lines 20 and 21 22. 14,109.00

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 \$219. Otherwise, see instructions 23. 657.00
24. Political contribution credit. See limits in instructions 24.
25. Total standard credits from Schedule OR-ASC, line C16 25.
26. Total standard credits. Add lines 23 through 25 26. 657.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 27. 13,452.00
28. Total carryforward credits used this year from Schedule OR-ASC, line D9. 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. 13,452.00
30. Total tax recaptures reported this year from Schedule OR-ASC, line E5 30.



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Oregon Department of Revenue

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Last name SSN
KARRA 649-81-1950

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Standard and carryforward credits (continued)

31. Tax including tax recaptures. Line 29 plus line 30..... 31. 13,452.00

Payments and refundable credits

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32. 15,036.00

33. Amount applied from your prior year's tax refund..... 33.

34. Estimated tax payments for 2022. **Include all payments you made before**
filing this return (see instructions). Do not include the amount on line 33..... 34.

35. Tax payments from a pass-through entity 35.

36. Earned income credit (see instructions)..... 36.

Reserved

38. Total refundable credits from Schedule OR-ASC, line F7 38.

39. Total payments and refundable credits. Add lines 32 through 38..... 39. 15,036.00

Tax to pay or refund

40. **Overpayment of tax.** If line 31 is **less** than line 39, you overpaid.
Line 39 minus line 31 40. 1,584.00

41. **Net tax.** If line 31 is **more** than line 39, you have tax to pay.
Line 31 minus line 39 41.

42. Penalty and interest for filing or paying late (see instructions) 42.

43. Interest on underpayment of estimated tax. **Include Form OR-10** 43.

Exception number from Form OR-10, line 1 43a. Check box if you annualized: 43b.



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Last name: KARRA SSN: 649-81-1950

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Tax to pay or refund (continued)

- 44. Total penalty and interest due. Add lines 42 and 43 44.
45. Net tax including penalty and interest. Line 41 plus line 44 This is the amount you owe. 45.
46. Overpayment less penalty and interest. Line 40 minus line 44 This is your refund. 46. 1,584.00
47. Estimated tax. Fill in the portion of line 46 you want applied to your open estimated tax account 47.
48. Charitable checkoff donations from Schedule OR-DONATE, line 30 48.
49. Political party \$3 checkoff 49.
Party code: 49a. You 49b. Spouse
50. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 50.
51. Total. Add lines 47 through 50. Line 51 can't be more than your refund on line 46 51.
52. Net refund. Line 46 minus line 51 This is your net refund. 52. 1,584.00

Direct deposit

53. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account:

[X] Checking or

[] Savings

Account information:

Routing number

Account number

121000358

000822475999

Reserved



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Last name SSN
 KARRA 649-81-1950

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

Your signature

X
 Date (MM/DD/YYYY)

Spouse signature

X
 Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA TALLAM
 Date (MM/DD/YYYY) Preparer phone Preparer license number
 03/29/2023 678-965-9522

Preparer first name Initial Preparer last name
 SYAM P RAM SAGAR GUPTA TALLAM

Preparer address
 245 ROONEY CT
 City State ZIP code
 E BRUNSWICK NJ 08816

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, or 1040-NR. **We may adjust your return without it.**

Pay the amount due (shown on line 45)

- **Online:** www.oregon.gov/dor.
- **By mail:** Payable to the **Oregon Department of Revenue**. Write **"2022 Oregon Form OR-40"** and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, **don't** include Form OR-40-V payment voucher.

Mail your return

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form 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 large 2-D barcode box on the first page of this form 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.



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Last name

SSN

KARRA

649-81-1950

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Amended statement. Complete this section only if you're amending your 2022 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.

DO NOT MAIL



2022 Schedule OR-A
Oregon Itemized Deductions

Oregon Department of Revenue

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Last name

KARRA

Social Security number (SSN)

649-81-1950

Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.

Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

1. Medical and dental expenses (see instructions).....	1.	
2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7; or Form OR-40-N or OR-40-P, line 29F	2.	194,089.00
3. AGI threshold. Multiply line 2 by 7.5% (0.075).....	3.	14,557.00
4. Medical and dental expense deduction. Line 1 minus line 3. If line 3 is more than line 1, enter 0	4.	

Taxes you paid

5. State and local income taxes. Don't include Oregon income tax, including Oregon withholding.	5.	0.00
6. Real estate taxes (see instructions)	6.	4,705.00
7. Personal property taxes.....	7.	
8. Reserved.....	8.	
9. Total income and property taxes. Add lines 5 through 8. Don't enter more than \$10,000 (\$5,000 if married filing separately)	9.	4,705.00
10. Other taxes. List type and amount:	10.	
11. Taxes paid deduction. Add lines 9 and 10.....	11.	4,705.00

Continued on next page



**2022 Schedule OR-A
Oregon Itemized Deductions**

Oregon Department of Revenue

Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Interest you paid

12. Mortgage interest and points reported on federal Form 1098	12.	14,862.00
13. Mortgage interest not reported on federal Form 1098	13.	
14. Points not reported on federal Form 1098.....	14.	
Reserved		
16. Investment interest (see instructions)	16.	
17. Interest paid deduction. Add lines 12 through 16	17.	14,862.00

Gifts to charity

18. Gifts by cash or check (see instructions).....	18.	
19. Gifts other than by cash or check (see instructions)	19.	
20. Carryover from prior year.....	20.	
21. Total gifts to charity. Add lines 18 through 20	21.	

Other miscellaneous deductions

22. List type and amount. Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation (see instructions)	22.	
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Oregon itemized deductions

23. Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37	23.	19,567.00
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