

Form OR-EF

Page 1 of 2, 150-101-339 (Rev. 08-19-22, ver. 01)

Oregon Department of Revenue



01610001011555

Office use only

Oregon Individual Income Tax Declaration for Electronic Filing

Tax year

2022

Don't mail this form to the Oregon Department of Revenue

Table with 3 columns: First name, Last name, Social Security number (SSN); Spouse first name, Spouse last name, Spouse SSN.

Table with 4 columns: Current mailing address, City, State, ZIP code, Phone.

Part I—Tax return information

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) ..... 1. 823.00
2. Amount you owe (Form OR-40, Form OR-40-N, or Form OR-40-P) ..... 2.

Part II—Direct deposit of refund or direct debit (see instructions)

- 3. Routing number 072000326
4. Account number 368618226
5. Type of account [X] Checking or [ ] Savings

Caution: Oregon is unable to change account information. Verify that your banking information is correct. Entering incorrect information will cause a delay in your refund or rejection of your payment.

Part III—Declaration of taxpayer(s)

- 6a. [X] I consent that my refund be directly deposited as designated in the electronic portion of my Oregon income tax return (Form OR-40, Form OR-40-N, or Form OR-40-P). If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.
6b. [ ] I am receiving a refund but I don't want to receive it by direct deposit.
6c. [ ] I consent that the return payment is made by direct debit using the account designated above. If I have filed a joint return, I am authorizing this payment on behalf of my spouse and myself.
6d. [ ] I am not receiving a refund or making an electronic payment.

Under penalties for false swearing, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator (ERO) or online service provider (OLSP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Oregon income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be forwarded upon request to the Oregon Department of Revenue (DOR) by my ERO or OLSP. If the processing of my return, payment, or refund is delayed, I authorize the department to disclose to my preparer the reason(s) for the delay and the date the payment was posted to my account or the refund was sent.

Table with 2 columns: Signature, Date. Includes 'Sign here' label and 'X' marks for both taxpayer and spouse signatures.

**Form OR-EF**

Page 2 of 2, 150-101-339  
(Rev. 08-19-22, ver. 01)

Oregon Department of Revenue



01610001021555

**Part IV—Declaration of electronic return originator (ERO) or paid preparer**

I declare that I have reviewed the above taxpayer’s return and that the entries on this form are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with Oregon, and have followed all other requirements described in the *Modernized Electronic Filing Handbook for Software Developers and Tax Preparers*. If I am also the paid preparer, under penalty 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.

**Electronic return originator’s use only**

ERO signature X	Date	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm name (or your name, if self-employed) GLOBAL TAXES LLC	Phone	ERO license number	
ERO address 245 ROONEY CT	City E BRUNSWICK	State NJ	ZIP code 08816

Under penalty 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’s use only**

Preparer signature X	Date	<input type="checkbox"/> Check if self-employed	
Firm name (or yours if self-employed) GLOBAL TAXES LLC	Phone	Certificate/license number	
Preparer address 245 ROONEY CT	City E BRUNSWICK	State NJ	ZIP code 08816

**Don’t mail this form or your paper return to the Oregon Department of Revenue**

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

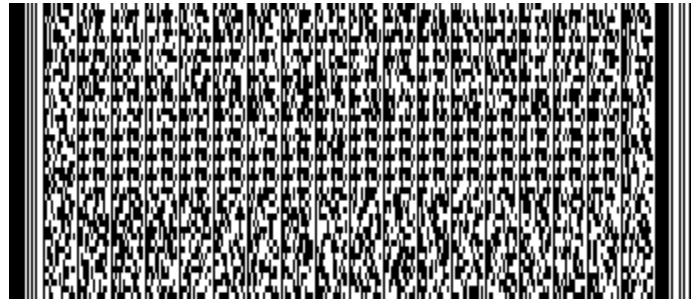
Oregon Department of Revenue

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
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- 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



First name Initial Date of birth (MM/DD/YYYY)

PRANEETH 11/17/1994

Last name

VADDEPALLI

Social Security number (SSN)

640-69-0648

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

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

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

Current address

4038 SE 78TH AVE

City

HILLSBORO

Country

USA

State

OR

Phone

248-854-2048

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



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VADDEPALLI

640-69-0648

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 spouse .....6b.

Check boxes that apply: [ ] 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

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

[ ] 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.

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

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



Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
VADDEPALLI 640-69-0648

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

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. 63,945.00
8. Total additions from Schedule OR-ASC, line A5..... 8.
9. Income after additions. Add lines 7 and 8..... 9. 63,945.00

Subtractions

10. 2022 federal tax liability (see instructions)..... 10. 6,832.00
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. 6,832.00
15. Income after subtractions. Line 9 minus line 14..... 15. 57,113.00

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. 0.00
17. Standard deduction. Enter your standard deduction ..... 17. 2,420.00

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

Standard deductions

Table with 5 columns: Single (\$2,420), Married filing jointly (\$4,840), Married filing separately (\$2,420 or \$0), Qualifying surviving spouse (\$4,840), Head of Household (\$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.



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name VADDEPALLI SSN 640-69-0648

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

Deductions (continued)

18. Enter the larger of line 16 or 17..... 18. 2,420.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 54,693.00

Oregon tax

20. Tax (see instructions) ..... 20. 4,522.00
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. 4,522.00

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. 219.00
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. 219.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 ..... 27. 4,303.00
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. 4,303.00
30. Total tax recaptures reported this year from Schedule OR-ASC, line E5 ..... 30.



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

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
VADDEPALLI 640-69-0648

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

**Standard and carryforward credits** (continued)

31. Tax including tax recaptures. Line 29 plus line 30..... 31. 4,303.00

**Payments and refundable credits**

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32. 5,126.00

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. 5,126.00

**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. 823.00

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.



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VADDEPALLI

640-69-0648

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

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.

823.00

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.

823.00

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:

Checking or

Savings

Account information:

Routing number

Account number

072000326

368618226

Reserved





Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VADDEPALLI

640-69-0648

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 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

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

Preparer first name

Initial

Preparer last name

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

- 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.



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

Last name

SSN

VADDEPALLI

640-69-0648

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

**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.

