

Form OR-40-V Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

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

Tax year begins (MM/DD/YYYY)	Tax year ends (MM/DD/YYYY)	For taxpayer use only: Enter quarter (if making an estimated payment)
01/01/2024	12/31/2024	1

First name	Initial
SURESH	
Last name	
GANGULA	
Social Security number (SSN)	
778-24-5080	

Spouse first name	Initial
RAJITHA	
Spouse last name	
GANGULA	
Spouse SSN	
790-08-7108	

Current mailing address		
6820 NW ELEANOR AVE		
City	State	ZIP code
PORTLAND	OR	97229
Phone		
310-755-8266		

Want to make your payment online? Find options at www.oregon.gov/dor.

Use this voucher only if you are sending a payment separate from a return. For more information, see Form OR-40-V Instructions. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-40-V," your daytime phone, the last four digits of your SSN or ITIN, and the tax year on your payment. Don't mail cash. Mail the payment and voucher to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 03/04/24 PRO

Payment type (check one)

- Original return or extension
- Estimated payment
- Amended return

Enter payment amount

\$ 501.00



150-101-172
(Rev. 04-27-23, ver. 03)

1555 00

10030000007782450806ANG790087108202412310201555003

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Enter quarter (if making an estimated payment) 2

01/01/2024 12/31/2024

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Last name

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778-24-5080

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RAJITHA

Spouse last name

GANGULA

Spouse SSN

790-08-7108

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Enter quarter (if making an estimated payment) 4

01/01/2024 12/31/2024

First name Initial

SURESH

Last name

GANGULA

Social Security number (SSN)

778-24-5080

Spouse first name Initial

RAJITHA

Spouse last name

GANGULA

Spouse SSN

790-08-7108

Current mailing address

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\$ 501.00



150-101-172
(Rev. 04-27-23, ver. 03)

1555 00

10030000007782450806GANG790087108202412310201555003

2023 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

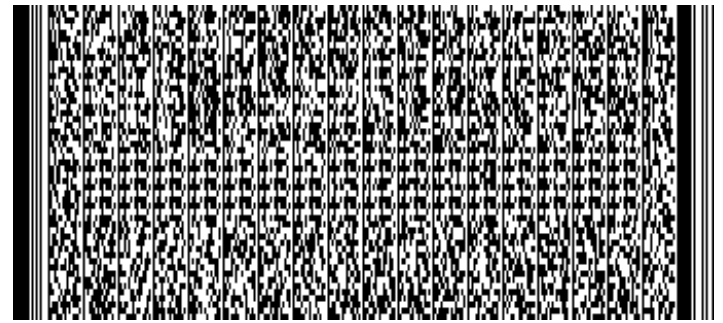
Oregon Department of Revenue

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:
- Form OR-24
- Form OR-243
- Federal Form 8379
- Calculated with "as if" federal return
- Federal Form 8886
- Short-year tax election
- Disaster relief



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

SURESH 04/10/1985

Last name

GANGULA

Social Security number (SSN)

778-24-5080

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

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

RAJITHA 05/23/1987

Spouse last name

GANGULA

Spouse SSN

790-08-7108

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

Current mailing address

6820 NW ELEANOR AVE

City

PORTLAND

Country

USA

State

OR

Phone

310-755-8266

ZIP code

97229

Filing Status (check only one box)

- 1. Single
- 2. Married filing jointly
- 3. Married filing separately (enter spouse 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

GANGULA

778-24-5080

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. If you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name Initial Dependent 1: Last name

VEDANSH GANGULA

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

01/28/2018 020-73-4382 SD

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

Dependent 2: First name Initial Dependent 2: Last name

HOSHITHA GANGULA

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

12/31/2012 941-97-7998 SD

[] 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 dependents6c. 2

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

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 4



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
 GANGULA 778-24-5080

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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. 286,793.00

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

9. Income after additions. Add lines 7 and 8 9. 286,793.00

Subtractions

10. 2023 federal tax liability (see instructions) 10. 1,550.00

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. 1,550.00

15. Income after subtractions. Line 9 minus line 14 15. 285,243.00

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. 18,161.00

17. **Standard deduction.** Enter your standard deduction 17. 5,210.00

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
	\$2,605	\$5,210	\$2,605 or \$0	\$5,210	\$4,195

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.

18. Enter the larger of line 16 or 17 18. 18,161.00

19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 267,082.00



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

SSN

GANGULA

778-24-5080

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Oregon tax

20. Tax (see instructions) 20. 22,996.00

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 recaptures from Schedule OR-ASC, line C5 22.

23. Total additions to tax. Line 21 plus line 22..... 23.

24. Total tax before credits. Add lines 20 and 23..... 24. 22,996.00

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$236. Otherwise, see instructions 25.

26. Political contribution credit. See limits in instructions 26.

27. Total standard credits from Schedule OR-ASC, line D16..... 27.

28. Total standard credits. Add lines 25 through 27 28.

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 29. 22,996.00

30. Total carryforward credits used this year from Schedule OR-ASC, line E9. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) 30.

31. Tax after standard and carryforward credits. Line 29 minus line 30 31. 22,996.00



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

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778-24-5080

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Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include Oregon income tax withheld (20,994.00), Estimated tax payments for 2023 (8,229.00), and Total payments and refundable credits (29,223.00).

Tax to pay or refund

Table with 2 columns: Description and Amount. Rows include Overpayment of tax (6,227.00) and Interest on underpayment of estimated tax.

Exception number from Form OR-10, line 1 44a.

Check box if you annualized: 44b.



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

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778-24-5080

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Tax to pay or refund (continued)

- 45. Total penalty and interest due. Add lines 43 and 44 45.
- 46. **Net tax including penalty and interest.**
Line 42 plus line 45 **This is the amount you owe.** 46.
- 47. **Overpayment less penalty and interest.**
Line 41 minus line 45 **This is your refund.** 47. 6,227.00
- 48. Estimated tax. Fill in the portion of line 47 you want applied to your open
estimated tax account 48.
- 49. Charitable checkoff donations from Schedule OR-DONATE, line 30 49.
- 50. Political party \$3 checkoff 50.
- Party code: 50a. You 50b. Spouse
- 51. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 51.
- 52. Total. Add lines 48 through 51. Line 52 can't be more than your
refund on line 47 52.
- 53. **Net refund.** Line 47 minus line 52 **This is your net refund.** 53. 6,227.00

Direct deposit

- 54. 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

121000358

325018053410

Kicker donation

- 55. If you elect to donate your kicker to the State School Fund, check this box..... 55a.

Complete the kicker worksheet in the instructions and enter the amount here..... **This election is irrevocable.** 55b.



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
 GANGULA 778-24-5080

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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
 03/08/2024 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 “2023 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.



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

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Amended statement. Complete this section only if you're amending your 2023 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.



2023 Schedule OR-A
Oregon Itemized Deductions

Oregon Department of Revenue

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Last name

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Social Security number (SSN)

778-24-5080

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. 286,793.00
- 3. AGI threshold. Multiply line 2 by 7.5% (0.075)..... 3. 21,509.00
- 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.
- 7. Personal property taxes..... 7.

Reserved

- 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. 0.00
- 10. Other taxes. List type and amount: 10.
- 11. **Taxes paid deduction.** Add lines 9 and 10..... 11. 0.00

Continued on next page



**2023 Schedule OR-A
Oregon Itemized Deductions**

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. 18,161.00
- 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. 18,161.00

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.

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. 18,161.00

