

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

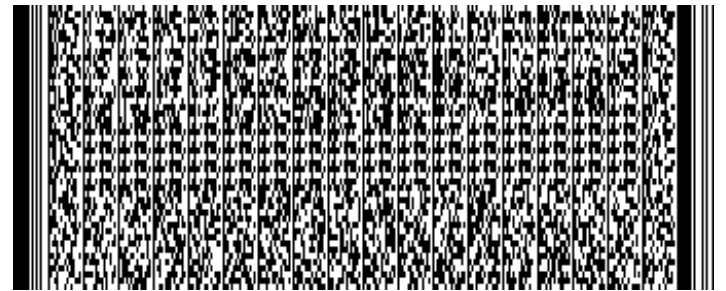
Oregon Department of Revenue

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:
- 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)

PRANIHITH 10/22/1996

Last name

TALLAPRAGADA

Social Security number (SSN)

324-39-4952

- 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 mailing address

2511 MONTOPOLIS DRIVE APT 433

City

AUSTIN

Country

USA

State

TX

Phone

ZIP code

78741

480-463-0982

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

TALLAPRAGADA

324-39-4952

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.

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. 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

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 dependents6c.

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
TALLAPRAGADA **324-39-4952**

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. 130,730.00

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

9. Income after additions. Add lines 7 and 8 9. 130,730.00

Subtractions

10. 2023 federal tax liability (see instructions)..... 10. 4,700.00

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. 4,700.00

15. Income after subtractions. Line 9 minus line 14 15. 126,030.00

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. 2,605.00

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. 2,605.00

19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 123,425.00



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

TALLAPRAGADA

324-39-4952

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

Oregon tax

20. Tax (see instructions) 20. 10,514.00

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. 10,514.00

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. 10,514.00

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. 10,514.00



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

SSN

TALLAPRAGADA

324-39-4952

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

Payments and refundable credits

| | | |
|---|-----|-----------|
| 32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 | 32. | 9,254.00 |
| 33. Amount applied from your prior year's tax refund..... | 33. | |
| 34. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment (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. | |
| 37. Oregon Kids Credit (see instructions) | 37. | |
| 38. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 55 | 38. | 4,003.00 |
| 39. Total refundable credits from Schedule OR-ASC, line F7 | 39. | |
| 40. Total payments and refundable credits. Add lines 32 through 39..... | 40. | 13,257.00 |

Tax to pay or refund

| | | |
|---|-----|----------|
| 41. Overpayment of tax. If line 31 is less than line 40, you overpaid. Line 40 minus line 31 | 41. | 2,743.00 |
| 42. Net tax. If line 31 is more than line 40, you have tax to pay. Line 31 minus line 40 | 42. | |
| 43. Penalty and interest for filing or paying late (see instructions) | 43. | |
| 44. Interest on underpayment of estimated tax. Include Form OR-10 | 44. | |

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

SSN

TALLAPRAGADA

324-39-4952

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

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. 2,743.00
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. 2,743.00

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:

[X] Checking or

[] Savings

Account information:

Routing number

Account number

122100024

311797697

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
 TALLAPRAGADA 324-39-4952

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 SYAM PRIYA RAM SAGAR GUPTA TALLAM
 Date (MM/DD/YYYY) Preparer phone Preparer license number
 03/09/2024 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.

Last name

SSN

TALLAPRAGADA

324-39-4952

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

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.

