

IRS e-file Signature Authorization

2022

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SUBHASHIS JANA		Social security number 160-19-4285
Spouse's name CHANDRIMA BISWAS		Spouse's social security number 982-99-8510

Part I Tax Return Information - Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	48,541
2	Total tax	2	2,304
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,794
4	Amount you want refunded to you	4	490
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

Refund will be deposited to: RTN=325070760 Acct=153163123

I authorize SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 19238 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Subhashis Jana Date ▶ 02/12/2023 Type your text

Spouse's PIN: check one box only

I authorize SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 76994 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Chandrima Biswas Date ▶ 02/12/2023

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 981901-10401
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ PAVAN KUMAR MAROO Date ▶ 02-06-2023

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SUBHASHIS	Last name JANA	Your social security number 160-19-4285
If joint return, spouse's first name and middle initial CHANDRIMA	Last name BISWAS	Spouse's social security number 982-99-8510
Home address (number and street). If you have a P.O. box, see instructions. 2550 NW FILLMORE AVE		Apt. no. 19
City, town, or post office. If you have a foreign address, also complete spaces below. CORVALLIS		State OR
Foreign country name		ZIP code 97330
Foreign province/state/county		Foreign postal code
Presidential Election Campaign 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		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	47,153
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	47,153

2a Tax-exempt interest	2a		b Taxable interest	2b	
3a Qualified dividends	3a		b Ordinary dividends	3b	
4a IRA distributions	4a		b Taxable amount	4b	
5a Pensions and annuities	5a		b Taxable amount	5b	
6a Social security benefits	6a		b Taxable amount	6b	

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	1,388
8 Other income from Schedule 1, line 10	8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	48,541
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	48,541
12 Standard deduction or itemized deductions (from Schedule A)	12	25,900
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	25,900
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	22,641

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 2,304.

Table for Payments (lines 25-33). Includes federal income tax withheld (2,794) and total payments (2,794).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Amount of overpayment is 490.

Table for Amount You Owe (lines 37-38). Total amount owed is 0.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including dates and occupations.

Paid Preparer Use Only section with fields for preparer's name, firm name, address, and EIN.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2022

Attachment
Sequence No. **12**

Name(s) shown on return: **SUBHASHIS JANA & CHANDRIMA BISWAS** Your social security number: **160-19-4285**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	10,609	9,000		1,609
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	250	471		(221)
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 1,388

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	1,388
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

SUBHASHIS JANA & CHANDRIMA BISWAS

160-19-4285

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES	LLC						
		VARIOUS	12-31-2022	10,609	9,000			1,609
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)				10,609	9,000			1,609

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

SUBHASHIS JANA & CHANDRIMA BISWAS

160-19-4285

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	VARIOUS	12-31-2022	250	471			(221)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								
				250	471			(221)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Account Transaction Summary

2022

Name(s) as shown on return

Your ID Number

SUBHASHIS JANA & CHANDRIMA BISWAS

XXX-XX-4285

Account #1
Financial Institution CHASE BANK
Routing Transit Number 325070760
Account Number 153163123
Account Type checking

Federal Main Form
Federal Deposit 490

State Main Form(s)
OR Deposit 880

Net Deposit 1,370

DO NOT FILE

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize SHOONYA TAX SOLUTIONS INC to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

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

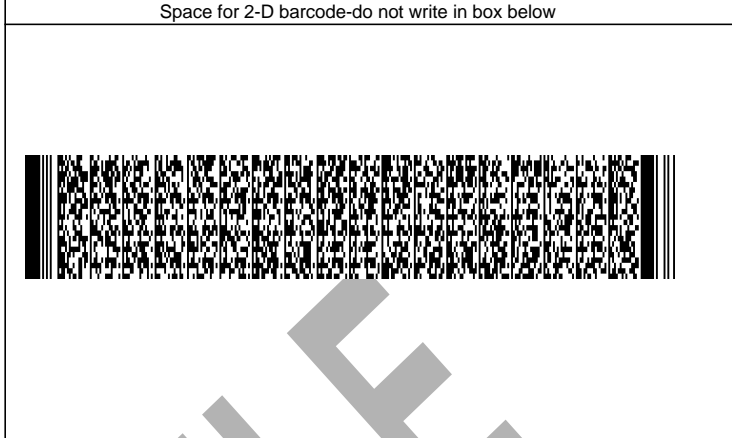
Oregon Department of Revenue

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)

SUBHASHIS

10/12/1987

Last name

JANA

Social Security number (SSN)

160-19-4285

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

Spouse first name

Initial

Spouse date of birth (MM/DD/YYYY)

CHANDRIMA

10/21/1993

Spouse last name

BISWAS

Spouse SSN

982-99-8510

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

Current address

2550 NW FILLMORE AVE APT 19

City

State

ZIP code

CORVALLIS

OR

97330

Country

Phone

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

JANA

160-19-4285

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

Exemptions

6a. Credits for yourself 6a. 1

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

6b. Credits for your spouse 6b. 1

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 6a through 6d Total 6e. 02

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

JANA

160-19-4285

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. 48,541.00
- 8. Total additions from Schedule OR-ASC, line A5 8.
- 9. Income after additions. Add lines 7 and 8 9. 48,541.00

Subtractions

- 10. 2022 federal tax liability (see instructions) 10. 2,304.00
- 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. 2,304.00
- 15. Income after subtractions. Line 9 minus line 14 15. 46,237.00

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.
- 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



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
JANA 160-19-4285

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

Deductions (continued)

18. Enter the larger of line 16 or 17 18. 4,840.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 41,397.00

Oregon tax

20. Tax (see instructions) 20. 3,090.00
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. 3,090.00

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. 438.00

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. 438.00

27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 27. 2,652.00

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. 2,652.00

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
 JANA 160-19-4285

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. 2,652.00

Payments and refundable credits

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099** . . . 32. 3,532.00

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. 3,532.00

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. 880.00

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 SSN
JANA 160-19-4285

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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. 880.00
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. 880.00

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

325070760

153163123

Reserved



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Last name SSN
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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)
02/06/2023
Spouse signature

X
Date (MM/DD/YYYY)
02/06/2023
Signature of preparer other than taxpayer

X
Date (MM/DD/YYYY) Preparer phone Preparer license number
02/06/2023 844-746-6692

Preparer first name Initial Preparer last name
PAVAN KUMAR MAROO

Preparer address
16192 COASTAL HIGHWAY
City State ZIP code
LEWES DE 19958

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

JANA

160-19-4285

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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 FILE

