

Form OR-EF

Page 1 of 2, 150-101-339 (Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



01610001011555

Office use only

Oregon Individual Income Tax Declaration for Electronic Filing

Tax year

2023

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

First name: GAUTHAM KRIS, Last name: CHAKKALAPARAMBIL SAJ, Social Security number (SSN): 668-55-4248, Spouse first name, Spouse last name, Spouse SSN

Current mailing address: 1005 SW WASHINGTON AVE APT 5, City: CORVALLIS, State: OR, ZIP code: 97333, Phone: (541) 286-2957

Part I - Tax return information

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) 1. 501.00
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 325070760
4. Account number 518776623
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.

Sign here: Your signature, Spouse signature (if filing jointly, both must sign), Date

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Oregon Department of Revenue



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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 03/13/2024	<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 (678) 965-9522	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 03/13/2024	<input type="checkbox"/> Check if self-employed
Firm name (or yours if self-employed) GLOBAL TAXES LLC	Phone (678) 965-9522	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

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

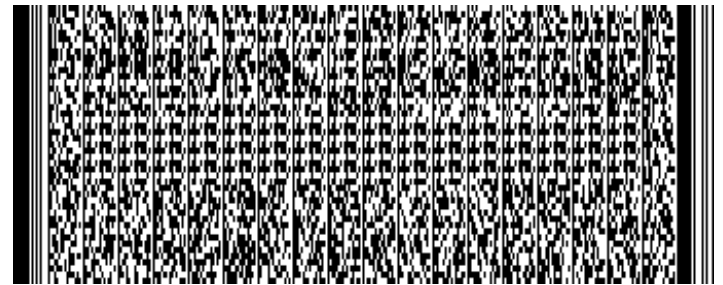
Oregon Department of Revenue

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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
 - Federal Form 8886
- Calculated with "as if" federal return
- Short-year tax election
- Disaster relief



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

GAUTHAM KRISHNA 04/01/1997

Last name

CHAKKALAPARAMBIL SAJ

Social Security number (SSN)

668-55-4248

- 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

1005 SW WASHINGTON AVE APT 5

City

CORVALLIS

Country

USA

State

OR

Phone

541-286-2957

ZIP code

97333

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



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Last name

SSN

CHAKKALAPARAMBIL SAJ

668-55-4248

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



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Last name CHAKKALAPARAMBIL SAJ SSN 668-55-4248

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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. 17,515.00

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

9. Income after additions. Add lines 7 and 8 9. 17,515.00

Subtractions

10. 2023 federal tax liability (see instructions) 10. 368.00

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. 368.00

15. Income after subtractions. Line 9 minus line 14 15. 17,147.00

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. 14,542.00



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Last name CHAKKALAPARAMBIL SAJ SSN 668-55-4248

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Oregon tax

20. Tax (see instructions) 20. 988.00

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. 988.00

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. 236.00

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. 236.00

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 29. 752.00

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. 752.00



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Last name CHAKKALAPARAMBIL SAJ SSN 668-55-4248

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Payments and refundable credits

- 32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 32. 1,191.00
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. 62.00
39. Total refundable credits from Schedule OR-ASC, line F7 39.
40. Total payments and refundable credits. Add lines 32 through 39..... 40. 1,253.00

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. 501.00
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. []



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Last name CHAKKALAPARAMBIL SAJ SSN 668-55-4248

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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. 501.00
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. 501.00

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 325070760 Account number 518776623

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.



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Last name

SSN

CHAKKALAPARAMBIL SAJ

668-55-4248

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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

03/13/2024

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.



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668-55-4248

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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.

