



First Name Surname GAUTHAM KRISHNA CHAKKALAPARAMBIL SAJEEV
Selected mailing address 1005 SW WASHINGTON AVE APT NO-5
City CORVALLIS
State/Province, ZIP/Postal Code OR, 97333
Country United States of America

Dear GAUTHAM KRISHNA,

Thank you for preparing your Oregon State tax return via Sprintax tax prep software. Enclosed are two copies of your 2022 Oregon tax return. Please file one copy with the State and retain the second copy for your records. We have attached instructions detailing how to file your tax return with the Oregon State tax office. Please remember to review, sign and date your filing copy on page 10 before mailing.

Tax Summary

<i>Filing status</i>	Single
<i>Oregon adjusted gross income</i>	2959
<i>Oregon taxable income</i>	2959
<i>Refund amount</i>	178

How much is my Oregon refund?

Your Oregon tax refund is \$178. This will be deposited directly into your checking account as per your instructions.

How do I file my tax return?

You must post your Oregon tax return with the required documents (see table 2 on page Oregon State Tax return Checklist) to the address below. Your tax return must be received by April 18th. We recommend you mail your return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following address:

**REFUND
PO BOX 14700
SALEM OR 97309-0930
USA**

When will I receive my refund?

The Oregon tax office will take approximately 6-8 weeks to process your application, once they receive it. You can check the status of your Oregon tax refund using Where's My Refund? an interactive tool available [here](#) 6 or more weeks after you mail your return.

You can also call the Oregon tax office at (800) 356-4222 to check your personal income tax refund status.



When you call or visit the Oregon State website, you will need the following information:

- Social security number
- Filing status
- Exact refund amount

If you have any questions, please email us at hello@sprintax.com.

Sincerely,
The Sprintax team

**DO NOT MAIL
WITH YOUR
RETURN**





Oregon Tax Return Checklist

1. Review and sign the following forms where indicated.

<i>Form</i>	<i>Action</i>
OR-40-N	Sign on page 10

2. Attach copies of your Federal Tax return and all your income and tax withholding statements showing the US income sources you used to prepare your Oregon tax return.

<i>Supporting Documents</i>	<i>Quantity</i>
Federal Tax return	1
W2	1

3. Confirm that the SSN on your tax return and all your W-2 forms is correct. If you don't have your W-2 form(s) or if the SSN is incorrect, then you'll need to obtain a valid W-2 form(s) from your employer(s).

4. Mail your Oregon State tax return with all necessary supporting documents and attachments as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

REFUND
PO BOX 14700
SALEM OR 97309-0930
USA

RETURN



Oregon Tax Return Frequently Asked Questions

How long will it take to process my Oregon tax return?

The Oregon Tax office will take approximately 6-8 weeks after receiving your return to process your application.

What is the April 18th deadline?

The April 18th tax deadline is the date by which all tax returns must be filed for the previous year. If you owe the Oregon tax office money and you don't file your tax return by April 18th, the Oregon tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you apply the better. If you need to file an extension to give you more time to file your return, the extension request must also be submitted by the due date. Extension requests only extend your time to file your return, not to pay your taxes. Make sure your estimated tax liability is paid before the deadline to avoid paying any late payment penalties and interest.

What taxes can Sprintax prepare for me?

With Sprintax, you can prepare your Federal, State, FICA tax returns. Once prepared, you must then sign and submit them yourself to the relevant authorities (as detailed in your instruction pack). Sprintax cannot file any returns on your behalf.

Can I use an international tax treaty on my Oregon State tax return?

Yes. Oregon State complies with some of the tax treaties that the Internal Revenue Service uses. Sprintax will consider your eligibility for claiming tax treaty benefit based on your personal circumstances.

Could I owe money to the State tax authorities?

Depending on how your employer taxed you and what the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors. Remember, if you owe money and don't file your return before the deadline, you'll get penalties and fines added to the amount you owe.

DO NOT MAIL
WITH YOUR
RETURN



OREGON STATE TAX RETURN
FOR

GAUTHAM KRISHNA CHAKKALAPARAMBIL SAJEEV

2022
DO NOT MAIL
STATE FILING COPY
WITH YOUR
SUBMIT TO THE OREGON TAX OFFICE
RETURN



2022 Form OR-40-N

Oregon Individual Income Tax Return for Nonresidents

Oregon Department of Revenue

Page 1 of 11 • 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)

/ /

Extension filed

Form OR-24

Amended return.

If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated:

Form OR-243

Federal Form 8379

Calculated with "as if" federal return

Federal Form 8886

Short-year tax election

Disaster relief

Employment exception

Military

Space for 2-D barcode—do not write in box below

First name

G A U T H A M K R I S H N A

Initial

Date of birth (MM/DD/YYYY)

0 4 / 0 1 / 1 9 9 7

Last name

C H A K K A L A P A R A M B I L S A J E E V

Social Security number (SSN)

6 6 8 - 5 5 - 4 2 4 8

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

1 0 0 5 S W W A S H I N G T O N A V E , A P T N O - 5

City

C O R V A L L I S

State

O R

ZIP code

9 7 3 3 3 -

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

Last name

SSN

C H A K K A L A P A R A M B I L S A J E

6 6 8 - 5 5 - 4 2 4 8

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.

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 11 • 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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Income

Federal column (F)

Oregon column (S)

7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2.

7F. [][][] , [][] 2 , 9 5 9 . 0 0

7S. [][][] , [][] 2 , 9 5 9 . 0 0

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F. [][][] , [][][] , [][][] . 0 0

8S. [][][] , [][][] , [][][] . 0 0

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F. [][][] , [][][] , [][][] . 0 0

9S. [][][] , [][][] , [][][] . 0 0

10. State and local income tax refunds from federal Schedule 1, line 1.

10F. [][][] , [][][] , [][][] . 0 0

10S. [][][] , [][][] , [][][] . 0 0

11. Alimony received from federal Schedule 1, line 2a.

11F. [][][] , [][][] , [][][] . 0 0

11S. [][][] , [][][] , [][][] . 0 0

12. Business income or loss from federal Schedule 1, line 3.

12F. [][][] , [][][] , [][][] . 0 0

12S. [][][] , [][][] , [][][] . 0 0

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F. [][][] , [][][] , [][][] . 0 0

13S. [][][] , [][][] , [][][] . 0 0

14. Other gains or losses from federal Schedule 1, line 4.

14F. [][][] , [][][] , [][][] . 0 0

14S. [][][] , [][][] , [][][] . 0 0

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F. [][][] , [][][] , [][][] . 0 0

15S. [][][] , [][][] , [][][] . 0 0



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Federal column (F)

Oregon column (S)

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F. [][][] , [][][] , [][][] . 0 0

16S. [][][] , [][][] , [][][] . 0 0

17. Schedule E income or loss from federal Schedule 1, line 5.

17F. [][][] , [][][] , [][][] . 0 0

17S. [][][] , [][][] , [][][] . 0 0

18. Farm income or loss from federal Schedule 1, line 6.

18F. [][][] , [][][] , [][][] . 0 0

18S. [][][] , [][][] , [][][] . 0 0

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F. [][][] , [][][] , [][][] . 0 0

19S. [][][] , [][][] , [][][] . 0 0

20. Total income. Add lines 7 through 19.

20F. [][][] , [][] 2 , 9 5 9 . 0 0

20S. [][][] , [][] 2 , 9 5 9 . 0 0

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F. [][][] , [][][] , [][][] . 0 0

21S. [][][] , [][][] , [][][] . 0 0

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F. [][][] , [][][] , [][][] . 0 0

22S. [][][] , [][][] , [][][] . 0 0

23. Moving expenses from federal Schedule 1, line 14.

23F. [][][] , [][][] , [][][] . 0 0

23S. [][][] , [][][] , [][][] . 0 0



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Federal column (F)

Oregon column (S)

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F. [][][] , [][][] , [][][] . 0 0

24S. [][][] , [][][] , [][][] . 0 0

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F. [][][] , [][][] , [][][] . 0 0

25S. [][][] , [][][] , [][][] . 0 0

26. Alimony paid from federal Schedule 1, line 19a.

26F. [][][] , [][][] , [][][] . 0 0

26S. [][][] , [][][] , [][][] . 0 0

27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.

27F. [][][] , [][][] , [][][] . 0 0

27S. [][][] , [][][] , [][][] . 0 0

28. Total adjustments. Add lines 21 through 27.

28F. [][][] , [][][] , [][][] . 0 0

28S. [][][] , [][][] , [][][] . 0 0

29. Income after adjustments. Line 20 minus line 28.

29F. [][][] , [][] 2 , 9 5 9 . 0 0

29S. [][][] , [][] 2 , 9 5 9 . 0 0

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.

30F. [][][] , [][][] , [][][] . 0 0

30S. [][][] , [][][] , [][][] . 0 0

31. Income after additions. Add lines 29 and 30.

31F. [][][] , [][] 2 , 9 5 9 . 0 0

31S. [][][] , [][] 2 , 9 5 9 . 0 0



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Subtractions

Federal column (F)

Oregon column (S)

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.

32F. [][][] , [][][] , [][][] . 0 0

33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.

33F. [][][] , [][][] , [][][] . 0 0

33S. [][][] , [][][] , [][][] . 0 0

34. Income after subtractions. Line 31 minus lines 32 and 33.

34F. [][][] , [][] 2 , 9 5 9 . 0 0

34S. [][][] , [][] 2 , 9 5 9 . 0 0

35. **Oregon percentage** (see instructions; not more than 100.0%).....35. 1 0 0 . 0 %

Deductions and modifications

36. Amount from line 34S 36.

[][][] , [][] 2 , 9 5 9 . 0 0

37. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.

[][][] , [][][] , [][][] . 0 0

38. **Standard deduction.** Enter your standard deduction 38.

[][][] , [][][] , [][][] . 0 0

You were: 38a. 65 or older 38b. Blind Your spouse was: 38c. 65 or older 38d. 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.

39. Enter the larger of line 37 or 38..... 39.

[][][] , [][][] , [][][] . 0 0

40. 2022 federal tax liability (**see instructions**)..... 40.

[][][] , [][][] , [][][] . 0 0

41. Total modifications from Schedule OR-ASC-NP, line D7 41.

[][][] , [][][] , [][][] . 0 0

42. Deductions and modifications multiplied by the Oregon percentage (see instructions)..... 42.

[][][] , [][][] , [][][] . 0 0



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Deductions and modifications (continued)

43. Charitable art donation (see instructions)..... 43. [][][] , [][][] , [][][] . 0 0
44. Total deductions and modifications. Add lines 42 and 43..... 44. [][][] , [][][] , [][][] . 0 0
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45. [][][] , [][] 2 , 9 5 9 . 0 0

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46. [][][] , [][][] , 1 4 1 . 0 0
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR
47. Interest on certain installment sales 47. [][][] , [][][] , [][][] . 0 0
48. Total tax before credits. Add lines 46 and 47 48. [][][] , [][][] , 1 4 1 . 0 0

Standard and carryforward credits

49. Exemption credit (see instructions)..... 49. [][][] , [][][] , 2 1 9 . 0 0
50. Total standard credits from Schedule OR-ASC-NP, line E16..... 50. [][][] , [][][] , [][][] . 0 0
51. Total standard credits. Add lines 49 and 50 51. [][][] , [][][] , 2 1 9 . 0 0
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0 52. [][][] , [][][] , [][] 0 . 0 0
53. Total carryforward credits used this year from Schedule OR-ASC-NP, line F9. Line 53 can't be more than line 52 (see Schedule OR-ASC and OR-ASC-NP Instructions) 53. [][][] , [][][] , [][][] . 0 0
54. Tax after standard and carryforward credits. Line 52 minus line 53 54. [][][] , [][][] , [][] 0 . 0 0
55. Total tax recaptures reported this year from Schedule OR-ASC-NP, line G5 55. [][][] , [][][] , [][][] . 0 0

Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Standard and carryforward credits (continued)

56. Tax including tax recaptures. Line 54 plus line 55 56. [][][] , [][][] , [][][] . 0 0

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 57. [][][] , [][][] , 1 7 8 . 0 0

58. Amount applied from your prior year's tax refund 58. [][][] , [][][] , [][][] . 0 0

59. Estimated tax payments for 2022. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 59. [][][] , [][][] , [][][] . 0 0

60. Tax payments from a pass-through entity 60. [][][] , [][][] , [][][] . 0 0

61. Earned income credit (see instructions)..... 61. [][][] , [][][] , [][][] . 0 0

Reserved

63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63. [][][] , [][][] , [][][] . 0 0

64. Total payments and refundable credits. Add lines 57 through 63 64. [][][] , [][][] , 1 7 8 . 0 0

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 65. [][][] , [][][] , 1 7 8 . 0 0

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 66. [][][] , [][][] , [][][] . 0 0

67. Penalty and interest for filing or paying late (see instructions) 67. [][][] , [][][] , [][][] . 0 0



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

C H A K K A L A P A R A M B I L S A J E

6 6 8 - 5 5 - 4 2 4 8

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68. Interest on underpayment of estimated tax. **Include Form OR-10** 68. , , . 0 0

Exception number from Form OR-10, line 1: 68a. Check box if you annualized: 68b.

69. Total penalty and interest due. Add lines 67 and 68..... 69. , , . 0 0

70. **Net tax including penalty and interest.**
Line 66 plus line 69 **This is the amount you owe.** 70. , , . 0 0

71. **Overpayment less penalty and interest.**
Line 65 minus line 69 **This is your refund.** 71. , , 1 7 8 . 0 0

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72. , , . 0 0

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73. , , . 0 0

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 74. , , . 0 0

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75. , , . 0 0

76. **Net refund.** Line 71 minus line 75 **This is your net refund.** 76. , , 1 7 8 . 0 0

Direct deposit

77. 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

3 2 5 0 7 0 7 6 0

Account number

7 9 2 6 1 3 1 1 6

Reserved



Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

C H A K K A L A P A R A M B I L S A J E

6 6 8 - 5 5 - 4 2 4 8

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 [Signature line]

Date (MM/DD/YYYY)

0 4 / 0 3 / 2 0 2 3

Spouse signature

X [Signature line]

Date (MM/DD/YYYY)

[Date boxes]

Signature of preparer other than taxpayer

X [Signature line]

Date (MM/DD/YYYY)

[Date boxes]

Preparer phone

[Phone boxes]

Preparer license number

[License boxes]

Preparer first name

[First name boxes]

Initial

[Initial box]

Preparer last name

[Last name boxes]

Preparer address

[Address line]

City

[City boxes]

State

[State box]

ZIP code

[ZIP code boxes]

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 70)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2022 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order.

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 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

C H A K K A L A P A R A M B I L S A J E

6 6 8 - 5 5 - 4 2 4 8

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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.

Large empty rectangular area for providing an amended statement or former SSN.



OREGON STATE TAX RETURN
FOR

GAUTHAM KRISHNA CHAKKALAPARAMBIL SAJEEV

2022

DO NOT MAIL
WITH YOUR

YOUR COPY

RETAIN FOR YOUR RECORDS
RETURN



2022 Form OR-40-N
Oregon Individual Income Tax Return for Nonresidents

Oregon Department of Revenue

Page 1 of 11 • 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)

/ /

Extension filed

Form OR-24

Amended return.

If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated: / /

Form OR-243

Federal Form 8379

Calculated with "as if" federal return

Federal Form 8886

Short-year tax election

Disaster relief

Employment exception

Military

Space for 2-D barcode—do not write in box below

First name

G A U T H A M K R I S H N A

Initial

Date of birth (MM/DD/YYYY)

0 4 / 0 1 / 1 9 9 7

Last name

C H A K K A L A P A R A M B I L S A J E E V

Social Security number (SSN)

6 6 8 - 5 5 - 4 2 4 8

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

1 0 0 5 S W W A S H I N G T O N A V E , A P T N O - 5

City

C O R V A L L I S

State

O R

ZIP code

9 7 3 3 3 -

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 11 • 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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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.

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



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Last name

SSN

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Income

Federal column (F)

Oregon column (S)

7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2.

7F. [][][] , [] 2 , 9 5 9 . 0 0

7S. [][][] , [] 2 , 9 5 9 . 0 0

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F. [][][] , [][][] , [][][] . 0 0

8S. [][][] , [][][] , [][][] . 0 0

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F. [][][] , [][][] , [][][] . 0 0

9S. [][][] , [][][] , [][][] . 0 0

10. State and local income tax refunds from federal Schedule 1, line 1.

10F. [][][] , [][][] , [][][] . 0 0

10S. [][][] , [][][] , [][][] . 0 0

11. Alimony received from federal Schedule 1, line 2a.

11F. [][][] , [][][] , [][][] . 0 0

11S. [][][] , [][][] , [][][] . 0 0

12. Business income or loss from federal Schedule 1, line 3.

12F. [][][] , [][][] , [][][] . 0 0

12S. [][][] , [][][] , [][][] . 0 0

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F. [][][] , [][][] , [][][] . 0 0

13S. [][][] , [][][] , [][][] . 0 0

14. Other gains or losses from federal Schedule 1, line 4.

14F. [][][] , [][][] , [][][] . 0 0

14S. [][][] , [][][] , [][][] . 0 0

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F. [][][] , [][][] , [][][] . 0 0

15S. [][][] , [][][] , [][][] . 0 0



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Federal column (F)

Oregon column (S)

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F. [][][] , [][][] , [][][] . 0 0

16S. [][][] , [][][] , [][][] . 0 0

17. Schedule E income or loss from federal Schedule 1, line 5.

17F. [][][] , [][][] , [][][] . 0 0

17S. [][][] , [][][] , [][][] . 0 0

18. Farm income or loss from federal Schedule 1, line 6.

18F. [][][] , [][][] , [][][] . 0 0

18S. [][][] , [][][] , [][][] . 0 0

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F. [][][] , [][][] , [][][] . 0 0

19S. [][][] , [][][] , [][][] . 0 0

20. Total income. Add lines 7 through 19.

20F. [][][] , [][] 2 , [][] 9 5 9 . 0 0

20S. [][][] , [][] 2 , [][] 9 5 9 . 0 0

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F. [][][] , [][][] , [][][] . 0 0

21S. [][][] , [][][] , [][][] . 0 0

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F. [][][] , [][][] , [][][] . 0 0

22S. [][][] , [][][] , [][][] . 0 0

23. Moving expenses from federal Schedule 1, line 14.

23F. [][][] , [][][] , [][][] . 0 0

23S. [][][] , [][][] , [][][] . 0 0



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Federal column (F)

Oregon column (S)

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F. [][][] , [][][] , [][][] . 0 0

24S. [][][] , [][][] , [][][] . 0 0

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F. [][][] , [][][] , [][][] . 0 0

25S. [][][] , [][][] , [][][] . 0 0

26. Alimony paid from federal Schedule 1, line 19a.

26F. [][][] , [][][] , [][][] . 0 0

26S. [][][] , [][][] , [][][] . 0 0

27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.

27F. [][][] , [][][] , [][][] . 0 0

27S. [][][] , [][][] , [][][] . 0 0

28. Total adjustments. Add lines 21 through 27.

28F. [][][] , [][][] , [][][] . 0 0

28S. [][][] , [][][] , [][][] . 0 0

29. Income after adjustments. Line 20 minus line 28.

29F. [][][] , 2 , 9 5 9 . 0 0

29S. [][][] , 2 , 9 5 9 . 0 0

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.

30F. [][][] , [][][] , [][][] . 0 0

30S. [][][] , [][][] , [][][] . 0 0

31. Income after additions. Add lines 29 and 30.

31F. [][][] , 2 , 9 5 9 . 0 0

31S. [][][] , 2 , 9 5 9 . 0 0



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Subtractions

Federal column (F)

Oregon column (S)

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.

32F. , , . 0 0

33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.

33F. , , . 0 0

33S. , , . 0 0

34. Income after subtractions. Line 31 minus lines 32 and 33.

34F. , 2 , 9 5 9 . 0 0

34S. , 2 , 9 5 9 . 0 0

35. Oregon percentage (see instructions; not more than 100.0%).....35.

. 0 %

Deductions and modifications

36. Amount from line 34S 36.

, 2 , 9 5 9 . 0 0

37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.

, , . 0 0

38. Standard deduction. Enter your standard deduction 38.

, , . 0 0

You were: 38a. 65 or older 38b. Blind Your spouse was: 38c. 65 or older 38d. 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.

39. Enter the larger of line 37 or 38..... 39.

, , . 0 0

40. 2022 federal tax liability (see instructions)..... 40.

, , . 0 0

41. Total modifications from Schedule OR-ASC-NP, line D7 41.

, , . 0 0

42. Deductions and modifications multiplied by the Oregon percentage (see instructions)..... 42.

, , . 0 0



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Deductions and modifications (continued)

43. Charitable art donation (see instructions)..... 43. [] [] [] , [] [] [] , [] [] [] [] . 0 0
44. Total deductions and modifications. Add lines 42 and 43..... 44. [] [] [] , [] [] [] , [] [] [] [] . 0 0
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45. [] [] [] , [] [] 2 , 9 5 9 . 0 0

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46. [] [] [] , [] [] [] , 1 4 1 . 0 0
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR
47. Interest on certain installment sales 47. [] [] [] , [] [] [] , [] [] [] [] . 0 0
48. Total tax before credits. Add lines 46 and 47 48. [] [] [] , [] [] [] , 1 4 1 . 0 0

Standard and carryforward credits

49. Exemption credit (see instructions)..... 49. [] [] [] , [] [] [] , 2 1 9 . 0 0
50. Total standard credits from Schedule OR-ASC-NP, line E16..... 50. [] [] [] , [] [] [] , [] [] [] [] . 0 0
51. Total standard credits. Add lines 49 and 50 51. [] [] [] , [] [] [] , 2 1 9 . 0 0
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0 52. [] [] [] , [] [] [] , [] [] 0 . 0 0
53. Total carryforward credits used this year from Schedule OR-ASC-NP, line F9. Line 53 can't be more than line 52 (see Schedule OR-ASC and OR-ASC-NP Instructions) 53. [] [] [] , [] [] [] , [] [] [] [] . 0 0
54. Tax after standard and carryforward credits. Line 52 minus line 53 54. [] [] [] , [] [] [] , [] [] 0 . 0 0
55. Total tax recaptures reported this year from Schedule OR-ASC-NP, line G5 55. [] [] [] , [] [] [] , [] [] [] [] . 0 0

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Standard and carryforward credits (continued)

56. Tax including tax recaptures. Line 54 plus line 55 56. [] [] [] , [] [] [] , [] [] [] . 0 0

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 57. [] [] [] , [] [] [] , 1 7 8 . 0 0

58. Amount applied from your prior year's tax refund 58. [] [] [] , [] [] [] . 0 0

59. Estimated tax payments for 2022. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 59. [] [] [] , [] [] [] , [] [] [] . 0 0

60. Tax payments from a pass-through entity 60. [] [] [] , [] [] [] , [] [] [] . 0 0

61. Earned income credit (see instructions)..... 61. [] [] [] , [] [] [] , [] [] [] . 0 0

Reserved

63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63. [] [] [] , [] [] [] , [] [] [] . 0 0

64. Total payments and refundable credits. Add lines 57 through 63 64. [] [] [] , [] [] [] , 1 7 8 . 0 0

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 65. [] [] [] , [] [] [] , 1 7 8 . 0 0

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 66. [] [] [] , [] [] [] , [] [] [] . 0 0

67. Penalty and interest for filing or paying late (see instructions) 67. [] [] [] , [] [] [] , [] [] [] . 0 0



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68. Interest on underpayment of estimated tax. Include Form OR-10 68. [] [] [] , [] [] [] , [] [] [] . 0 0

Exception number from Form OR-10, line 1: 68a. [] Check box if you annualized: 68b. []

69. Total penalty and interest due. Add lines 67 and 68..... 69. [] [] [] , [] [] [] , [] [] [] . 0 0

70. Net tax including penalty and interest. Line 66 plus line 69 This is the amount you owe. 70. [] [] [] , [] [] [] , [] [] [] . 0 0

71. Overpayment less penalty and interest. Line 65 minus line 69 This is your refund. 71. [] [] [] , [] [] [] , 1 7 8 . 0 0

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72. [] [] [] , [] [] [] , [] [] [] . 0 0

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73. [] [] [] , [] [] [] , [] [] [] . 0 0

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 74. [] [] [] , [] [] [] , [] [] [] . 0 0

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75. [] [] [] , [] [] [] , [] [] [] . 0 0

76. Net refund. Line 71 minus line 75 This is your net refund. 76. [] [] [] , [] [] [] , 1 7 8 . 0 0

Direct deposit

77. 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

3 2 5 0 7 0 7 6 0

Account number

7 9 2 6 1 3 1 1 6

Reserved



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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 [Signature line]

Date (MM/DD/YYYY)

0 4 / 0 3 / 2 0 2 3

Spouse signature

X [Signature line]

Date (MM/DD/YYYY)

[Date boxes]

Signature of preparer other than taxpayer

X [Signature line]

Date (MM/DD/YYYY)

[Date boxes]

Preparer phone

[Phone boxes]

Preparer license number

[License boxes]

Preparer first name

[Name boxes]

Initial

[Initial box]

Preparer last name

[Name boxes]

Preparer address

[Address boxes]

City

[City boxes]

State

[State box]

ZIP code

[ZIP boxes]

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 70)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2022 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order.

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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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.

Large empty text area for providing an amended statement or former SSN.

