

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

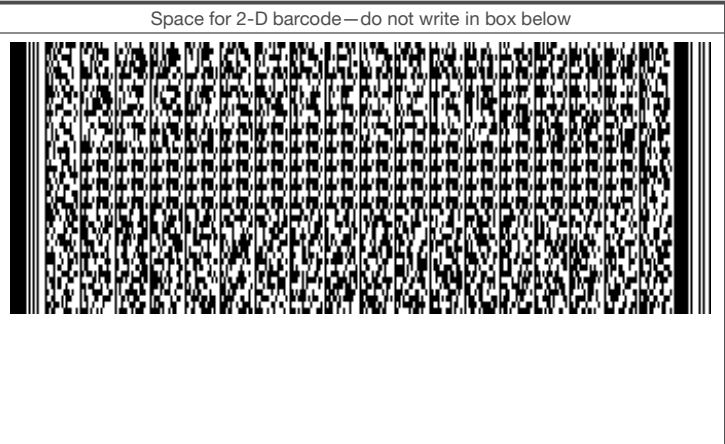
Oregon Department of Revenue

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)
NEETHU
Last name

PADMANABHARAJU
Social Security number (SSN)

061-79-1777 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

7601 RIALTO BLVD APT 1932
City State ZIP code
AUSTIN TX 78735
Country Phone
USA

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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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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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. 7,968.00
- 8. Total additions from Schedule OR-ASC, line A5 8.
- 9. Income after additions. Add lines 7 and 8 9. 7,968.00

Subtractions

- 10. 2023 federal tax liability (see instructions)..... 10. 0.00
- 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. 0.00
- 15. Income after subtractions. Line 9 minus line 14 15. 7,968.00

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. 5,363.00



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Oregon tax

20. Tax (see instructions) 20. 280.00

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. 280.00

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. 44.00

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. 44.00



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Payments and refundable credits

32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099	32.	457.00
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.	0.00
39. Total refundable credits from Schedule OR-ASC, line F7	39.	
40. Total payments and refundable credits. Add lines 32 through 39.....	40.	457.00

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.	413.00
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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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. 413.00
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. 413.00

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: 919019999

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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Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

neethu padmanabharaju

Your signature

X 03/23/2024

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X VENKATA SAI PAVAN KUMAR DUDIPALLI

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

678-965-9522

Preparer first name

Initial

Preparer last name

VENKATA

S

PAVAN KUMAR DUDIPALLI

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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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.

