

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

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

Extension filed

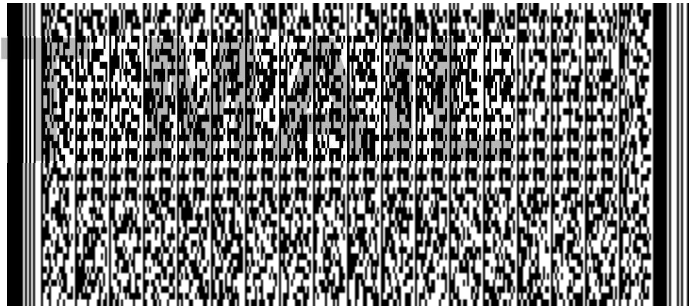
Form OR-24

Form OR-243

Federal Form 8379

Federal Form 8886

Disaster relief



First name

Initial

Date of birth (MM/DD/YYYY)

MOUNIKA

12/16/1992

Last name

RAMREDDYGARI

Social Security number (SSN)

366-73-2751

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

2405 NE JOHN OLSEN AVENUE APT B205

City

State

ZIP code

HILLSBORO

OR

97006

Country

Phone

USA

630-397-9007

Filing Status (check only one box)

1.  Single

2.  Married filing jointly

3.  Married filing separately (enter spouse information above)

4.  Head of household (with qualifying dependent)

5.  Qualifying surviving spouse



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
RAMREDDYGARI 366-73-2751

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

DO NOT MAIL

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.

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 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.

DO NOT MAIL



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

RAMREDDYGARI

366-73-2751

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. 80,613.00
8. Total additions from Schedule OR-ASC, line A5..... 8.
9. Income after additions. Add lines 7 and 8..... 9. 80,613.00

Subtractions

- 10. 2023 federal tax liability (see instructions)..... 10. 7,800.00
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. F 7,800.00
15. Income after subtractions. Line 9 minus line 14..... 15. 72,813.00

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

Table with 6 columns: Standard deductions, Single, Married filing jointly, Married filing separately, Qualifying surviving spouse, Head of household. Values: \$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. 70,208.00



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

RAMREDDYGARI

366-73-2751

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

DO NOT MAIL

Oregon tax

20. Tax (see instructions) ..... 20. 5,858.00

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. 5,858.00

Standard and carryforward credits

E-FILE ONLY

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. 5,622.00

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. 5,622.00

DO NOT MAIL



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

RAMREDDYGARI

366-73-2751

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

DO NOT MAIL

Payments and refundable credits

32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 32. 7,380.00

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. 3,119.00

E-FILE ONLY

39. Total refundable credits from Schedule OR-ASC, line F7 ..... 39.

40. Total payments and refundable credits. Add lines 32 through 39..... 40. 10,499.00

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. 4,877.00

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.

DO NOT MAIL



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

RAMREDDYGARI

366-73-2751

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

DO NOT MAIL

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.

4,877.00

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.

E-FILE ONLY

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.

4,877.00

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:

Checking or

Account information:

Routing number

Account number

Savings

111000025

488050339437

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.

DO NOT MAIL



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

RAMREDDYGARI

366-73-2751

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

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

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

01/25/2024

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.

Mail your return

- 2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



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

Last name

SSN

RAMREDDYGARI

366-73-2751

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

**Amended statement.** Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

E-FILE ONLY

DO NOT MAIL

