

Form OR-EF



01611701011555

Office use only

Oregon Individual Income Tax Declaration for Electronic Filing

Tax year

2017

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

First name and initial: KARTHEEK; Last name: BALAGOUNI; Social Security number (SSN): 879-10-6788

Current mailing address: 3063 NW OVERLOOK DR APT 626; City: HILLSBORO; State: OR; ZIP code: 97124

Part I - Tax return information (whole dollars only)

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) 1. 949.00
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 082000073
4. Account number 487004520769
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 a 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 [X], Date; Spouse's signature (if filing jointly, both must sign) [X], Date

Form OR-EF



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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's signature X	Date 06/11/2018	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm's name (or your name, if self-employed) GLOBAL TAXES LLC	Phone 678-965-9729	ERO's license number	
ERO's address 2530 PEBBLE CREEK LN	City CUMMING	State GA	ZIP code 30041

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's signature X	Date 06/11/2018	<input type="checkbox"/> Check if self-employed
Firm's name (or yours if self-employed) GLOBAL TAXES LLC	Phone 678-965-9729	Certificate/license number
Preparer's address 2530 PEBBLE CREEK LN	City CUMMING	State GA
		ZIP code 30041

Don't mail this form or your paper return to the Oregon Department of Revenue

2017 Form OR-40

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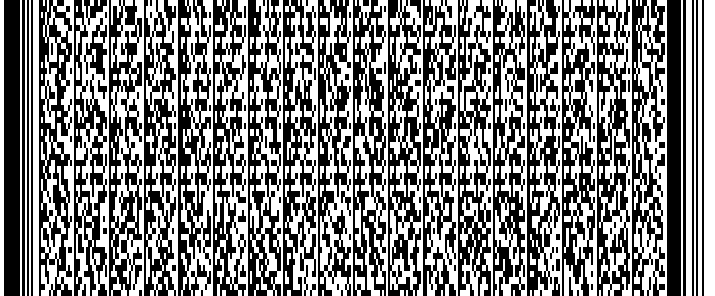
Office use only	

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

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



- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short year tax election.
- Extension filed.
- Form OR-24.

First name and initial KARTHEEK	Last name BALAGOUNI	<input type="checkbox"/> Deceased	Social Security no. (SSN) 879-10-6788	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Current mailing address 3063 NW OVERLOOK DR APT 626			Date of birth (mm/dd/yyyy) 01/16/1991	Spouse's date of birth
City HILLSBORO	State OR	ZIP code 97124	Country USA	Phone

Filing status (check only **one** box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. **Total 1**

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b.

Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code—Please see instructions to determine the appropriate code.

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.

2017 Form OR-40



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Name KARTHEEK BALAGOUNI	SSN 879-10-6788
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Taxable income

7. Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10; or 1040X, line 1C. See instructions	7.	98,936.00
8. Total additions from Schedule OR-ASC, section 1	8.	
9. Income after additions. Add lines 7 and 8.....	9.	98,936.00

Subtractions

10. 2017 federal tax liability. See instructions for the correct amount: \$0-\$6,550	10.	6,550.00
11. Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b	11.	
12. Oregon income tax refund included in federal income	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	
14. Total subtractions. Add lines 10 through 13	14.	6,550.00
15. Income after subtractions. Line 9 minus line 14.....	15.	92,386.00

Deductions

16. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18... 16.	19,367.00
17. State income tax claimed as an itemized deduction..... 17.	7,786.00
18. Net Oregon itemized deductions. Line 16 minus line 17..... 18.	11,581.00
19. Standard deduction. See instructions..... 19.	

You were: 19a. 65 or older 19b. Blind **Your spouse was:** 19c. 65 or older 19d. Blind

20. Enter the larger of line 18 or line 19. If you skipped line 18, enter the amount from line 19..... 20.	11,581.00
21. Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0-	80,805.00

Oregon tax

22. Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using an alternative method	22.	7,034.00
22a. <input type="checkbox"/> Form OR-FIA-40 22b. <input type="checkbox"/> Worksheet OR-FCG 22c. <input type="checkbox"/> Schedule OR-PTE-FY		
23. Interest on certain installment sales..... 23.		
24. Total tax before credits. Add lines 22 and 23	24.	7,034.00

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total exemptions on line 6e by \$197. Otherwise, see instructions..... 25.	197.00
26. Political contribution credit. See limits 26.	
27. Total standard credits from Schedule OR-ASC, section 3..... 27.	
28. Total standard credits. Add lines 25 through 27..... 28.	197.00
29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter -0-..... 29.	6,837.00
30. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. 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.	6,837.00

2017 Form OR-40



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Name: KARTHEEK BALAGOONI, SSN: 879-10-6788

Payments and refundable credits

Table with 2 columns: Description (lines 32-38) and Amount. Total payments and refundable credits: 7,786.00

Tax to pay or refund

Table with 2 columns: Description (lines 39-51) and Amount. Net refund: 949.00

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: []

Type of account: [X] Checking or [] Savings

Routing number: 082000073

Account number: 487004520769

Surplus credit donation

53. Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box: 53a. []

Write the amount from line 7 of the surplus credit worksheet here. This election is irrevocable.....53b.

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . Kartheek
Middle Initial . . . Suffix . . .
Last Name . . . Balagouni
SSN . . . 879-10-6788
Date of Birth . . . 01/16/1991
Date of Death . . .
Daytime Phone . . .
Home Phone . . .

Spouse/RDP:

First Name . . .
Middle Initial . . . Suffix . . .
Last Name . . .
SSN . . .
Date of Birth . . .
Date of Death . . .
Daytime Phone . . .

Print phone number on the forms . . . [] Home [] Taxpayer work [] Spouse/RDP work

E-mail address . Chinnaj.karthik@gmail.com

c/o Name . . .

Street Address . 3063 NW Overlook Dr APT 626

City . . . HILLSBORO State . . OR ZIP Code . . . 97124

APO/FPO address . . . [] APO [] FPO

Foreign country . . . Foreign Zip Code . . .

Part II – Main Form

- [X] Form 40: Resident Tax Return
[] Form 40N: Nonresident Tax Return
Allocation Worksheet for Nonresident Return for Form 40N
[] Form 40P: Part-Year Resident Tax Return
Allocation Worksheet for Part-Year Resident Return for Form 40P
Dates of residency in Oregon (Part-Year and Nonresident filers only). From To

Part III – Filing Status

- [X] Single
[] Married, filing joint
[] Married, filing separate

[] Eligible to claim your spouse's exemption (see Help)

Do all of the following apply for 2017? - for Working Family Household and Dependent Care Credit

- You lived apart from your spouse during the last 6 months of 2017.
-The person's whose care you paid for lived with you for more than half of 2017.
-You paid more than half of the cost of keeping up that home for 2017.

- [] Yes
[] No

different residency status from spouse?

- [] Yes
[] No

- [] Head of household
[] Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

Taxpayer
Yes [] No []
Yes []
Yes []

Spouse/RDP
Yes [] No []
Yes []
Yes []

Severely disabled
Legally blind
Can be claimed as a dependent on someone else's return

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Oregon Department of Revenue, as applicable by law.

[X] File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Yes No

[] [X] Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies
Enter any Oregon identified disaster tax relief situations...

Date return was EFiled
Date return was accepted by the state
Date Form 40-V (payment voucher) was given to client

QuickZoom to Form EF: Additional Information SmartWorksheet

Part VIII – Direct Deposit Information

Yes No

[X] [] Elect direct deposit of state tax refund
[] [] Do you want electronic funds withdrawal of state tax payment (EF Only)?

Bank Information:

If you selected direct deposit, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking [X] Savings []
Routing number 082000073
Account number 487004520769
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No

[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Paid Preparer Information

Enter the preparer's assigned number from Preparer's Information Worksheet 1

Yes No

[] [] Taxpayer authorizes Oregon Department of Revenue to discuss tax matters with the preparer

Part X – Extension Status

Yes No

[] [X] Tax return due date extended?
Extended due date

QuickZoom to Form 40-V: Application for Automatic Extension of Time to File

QuickZoom to Amended Schedule

QuickZoom to Form 40

QuickZoom to Form 40N

Tax Payments Worksheet

2017

▶ Keep for your records

Name KarthEEK Balagouni	Social Security Number 879-10-6788
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	7,786.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	7,786.
15	Date return will be filed and balance paid	15	

Oregon Standard or Itemized Deduction Worksheet

2017

▶ Keep for your records — Do not file

Name <u>Kartheek Balagouni</u>	Social Security Number <u>879-10-6788</u>
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1 Check here if you can be claimed as a dependent on another person's return ▶ <input type="checkbox"/>			
2 Minimum amount	2	1,050.	
3 If the box on line 1 is checked, what was your earned income for the year?	3		
4 Enter the larger of line 2 or line 3	4	1,050.	
5 Standard deduction based on filing status			
a Single \$ 2,175.			
b Married Filing Jointly \$ 4,350.			
c Married Filing Separately \$ 2,175.			
d Head of Household \$ 3,500.			
e Qualifying Widow(er) \$ 4,350.	5	2,175.	
6 If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5	6	2,175.	
7 Additional deductions:			
a You are age 65 or older	7 a		
b You are blind	b		
c Spouse/RDP is age 65 or older	c		
d Spouse/RDP is blind	d		
8 Total available standard deduction (add lines 6 through 7d)	8	2,175.	
9 Itemized deductions from Schedule A, line 29.	9	19,367.	
10 a State income tax claimed as an itemized deduction	10a	7,786.	
b - If your federal itemized deductions were reduced (limited) due to having high income (AGI), then your add back of Oregon state income taxes must be reduced as well. If this applies to you, your federal itemized deduction limitation percentage is calculated on line 10b. ▶	10b		
c - Your add back of Oregon state income taxes is (Line 10a times your federal itemized deduction limitation percentage on 10b). ▶	10c		
11 Net Oregon itemized deductions (line 9 minus line 10)	11	11,581.	
12 Larger of line 11 or line 8	12	11,581.	

Smart Worksheets from your 2017 Oregon Tax Return

SMART WORKSHEET FOR: Form OR-EF: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form EF: Form W-2 (Copy 2) _____ _____ _____
D	Documents to attach to the BACK of Form EF: _____ _____ _____
E	Retain Form EF and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES