

Form OR-EF



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: MAHESH KUMAR; Last name: VULLURI; Social Security number (SSN): 040-17-4193; Spouse's first name and initial; Spouse's last name; Spouse's SSN

Current mailing address: 195 N SUN ARBOR TERRACE; City: SALT LAKE CITY; State: UT; ZIP code: 84116; Phone

Part I - Tax return information (whole dollars only)

- 1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P) ..... 1. 456.00
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 011400495
4. Account number 388003939638
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



01611701021555

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

Form with fields for ERO's signature, Date, Firm's name, Phone, ERO's license number, ERO's address, City, State, ZIP code. Includes checkboxes for 'Check if paid preparer' and 'Check if self-employed'.

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

Form with fields for Preparer's signature, Date, Firm's name, Phone, Certificate/license number, Preparer's address, City, State, ZIP code. Includes checkbox for 'Check if self-employed'.

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

**2017 Form OR-40**

Page 1 of 4, 150-101-040 (Rev. 12-17) Oregon Department of Revenue



00461701011555

Office use only	

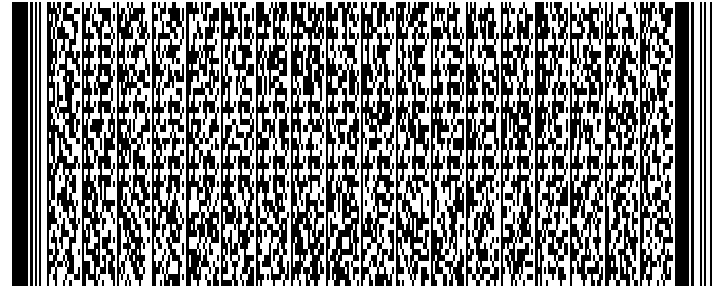
**Oregon Individual Income Tax Return for Full-year Residents**

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 <b>MAHESH KUMAR</b>	Last name <b>VULLURI</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>040-17-4193</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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
Current mailing address <b>195 N SUN ARBOR TERRACE</b>			Date of birth (mm/dd/yyyy) <b>11/03/1991</b>	Spouse's date of birth	
City <b>SALT LAKE CITY</b>	State <b>UT</b>	ZIP code <b>84116</b>	Country <b>USA</b>	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 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**



00461701021555

Name <b>MAHESH KUMAR VULLURI</b>	SSN <b>040-17-4193</b>
-------------------------------------	---------------------------

**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.	13,000.00
8. Total additions from Schedule OR-ASC, section 1 .....	8.	
9. Income after additions. Add lines 7 and 8.....	9.	13,000.00

**Subtractions**

10. 2017 federal tax liability. <b>See instructions for the correct amount: \$0-\$6,550</b> .....	10.	261.00
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.	261.00
15. Income after subtractions. Line 9 minus line 14.....	15.	12,739.00

**Deductions**

16. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18... 16.		
17. State income tax claimed as an itemized deduction.....	17.	
18. Net Oregon itemized deductions. Line 16 minus line 17.....	18.	
19. <b>Standard deduction.</b> See instructions .....	19.	2,175.00

**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.	2,175.00
21. Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0- .....	21.	10,564.00

**Oregon tax**

22. Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using an alternative method .....	22.	712.00
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.	712.00

**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. <b>See limits</b> .....	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.	515.00
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.	515.00

2017 Form OR-40



00461701031555

Name MAHESH KUMAR VULLURI	SSN 040-17-4193
------------------------------	--------------------

Payments and refundable credits

32. Oregon income tax withheld. <b>Include a copy of Form(s) W-2 and 1099</b> .....	32.	971.00
33. Amount applied from your prior year's tax refund .....	33.	
34. Estimated tax payments for 2017. <b>Include all payments made</b> prior to the filing date of this return. Do not include the amount already reported on line 33.....	34.	
35. Earned income credit. See instructions .....	35.	
36. Oregon surplus credit (kicker). Enter your kicker amount. See instructions. <b>If you elect to donate your kicker to the State School Fund, enter -0- and see line 53</b> .....	36.	0.00
37. Total refundable credits from Schedule OR-ASC, section 5.....	37.	
38. Total payments and refundable credits. Add lines 32 through 37 .....	38.	971.00

Tax to pay or refund

39. <b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 38, you overpaid. Line 38 minus line 31.....	39.	456.00
40. <b>Net tax.</b> If line 31 is <b>more</b> than line 38, you have tax to pay. Line 31 minus line 38 .....	40.	
41. Penalty and interest for filing or paying late. See instructions .....	41.	
42. Interest on underpayment of estimated tax. <b>Include Form OR-10</b> .....	42.	
Exception number from Form OR-10, line 1: 42a. Check box if you annualized: 42b. <input type="checkbox"/>		
43. Total penalty and interest due. Add lines 41 and 42.....	43.	
44. <b>Net tax including penalty and interest.</b> Line 40 plus line 43..... <b>This is the amount you owe</b>	44.	
45. <b>Overpayment less penalty and interest.</b> Line 39 minus line 43..... <b>This is your refund</b>	45.	456.00
46. <b>Estimated tax.</b> Fill in the part of line 45 you want applied to your estimated tax account. ....	46.	
47. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	47.	
48. Political party \$3 checkoff. Party code: 48a. You. 48b. Spouse.....	48.	
49. Total Oregon 529 College Savings Plan deposits from Schedule OR-529. See instructions .....	49.	
50. Total. Add lines 46 through 49; total can't be more than your refund on line 45.....	50.	
51. Line 45 minus line 50. This is your net refund ..... <b>Net refund</b>	51.	456.00

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:  Checking or  Savings

Routing number: 011400495

Account number: 388003939638

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 . . . MAHESH KUMAR
Middle Initial . . . Suffix . . .
Last Name . . . VULLURI
SSN . . . 040-17-4193
Date of Birth . . . 11/03/1991
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 . MAHIIMAHESH0315@GMAIL.COM

c/o Name . . .

Street Address . 195 N SUN ARBOR TERRACE

City . . . SALT LAKE CITY State . . UT ZIP Code . . . 84116

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 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 . . . . . 011400495
Account number . . . . . 388003939638
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 MAHESH KUMAR VULLURI	Social Security Number 040-17-4193
------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	971.
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	<b>Total income tax withheld</b> . . . . .	14	971.
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>MAHESH KUMAR VULLURI</u>	Social Security Number <u>040-17-4193</u>
-------------------------------------	--

1 Check here if you can be claimed as a dependent on another person's return . . . . . ▶ <input type="checkbox"/>			
2 Minimum amount . . . . .	<b>2</b>	1,050.	
3 If the box on line 1 is checked, what was your earned income for the year? . . . . .	<b>3</b>		
4 Enter the larger of line 2 or line 3 . . . . .	<b>4</b>	1,050.	
5 Standard deduction based on filing status			
<b>a</b> Single . . . . . \$ 2,175.			
<b>b</b> Married Filing Jointly . . . . . \$ 4,350.			
<b>c</b> Married Filing Separately . . . . . \$ 2,175.			
<b>d</b> Head of Household . . . . . \$ 3,500.			
<b>e</b> Qualifying Widow(er) . . . . . \$ 4,350.	<b>5</b>	2,175.	
6 If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5 . . . . .	<b>6</b>	2,175.	
7 Additional deductions:			
<b>a</b> You are age 65 or older . . . . .	<b>7 a</b>		
<b>b</b> You are blind . . . . .	<b>b</b>		
<b>c</b> Spouse/RDP is age 65 or older . . . . .	<b>c</b>		
<b>d</b> Spouse/RDP is blind . . . . .	<b>d</b>		
8 Total available standard deduction (add lines 6 through 7d) . . . . .	<b>8</b>	2,175.	
9 Itemized deductions from Schedule A, line 29. . . . .	<b>9</b>	971.	
10 <b>a</b> State income tax claimed as an itemized deduction . . . . .	<b>10a</b>	971.	
<b>b</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. . . . . ▶	<b>10b</b>		
<b>c</b> - Your add back of Oregon state income taxes is (Line 10a times your federal itemized deduction limitation percentage on 10b). . . . . ▶	<b>10c</b>		
11 Net Oregon itemized deductions (line 9 minus line 10) . . . . .	<b>11</b>	0.	
12 Larger of line 11 or line 8 . . . . .	<b>12</b>	2,175.	

# Smart Worksheets from your 2017 Oregon Tax Return

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

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