

Form OR-EF

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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: MOHAMMAD S, Last name: ISLAM, Social Security number (SSN): 689-32-8124, Spouse's first name and initial, Spouse's last name, Spouse's SSN

Current mailing address: 3027 NW OVERLOOK DR APT 931, City: HILLSBORO, State: OR, ZIP code: 97124, 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. 392.00
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 325070760
4. Account number 232215001
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, Date, Spouse's signature (if filing jointly, both must sign), 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 06/19/2018	<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 06/19/2018	<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	

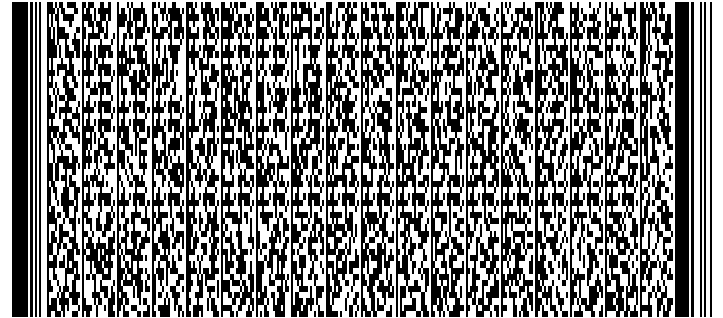
Oregon Individual Income Tax Return for Full-year Residents

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 MOHAMMAD S	Last name ISLAM	<input type="checkbox"/> Deceased	Social Security no. (SSN) 689-32-8124	<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 3027 NW OVERLOOK DR APT 931			Date of birth (mm/dd/yyyy) 07/01/1985	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 MOHAMMAD S ISLAM	SSN 689-32-8124
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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.	99,123.00
8. Total additions from Schedule OR-ASC, section 1	8.	
9. Income after additions. Add lines 7 and 8.....	9.	99,123.00

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.	92,573.00

Deductions

16. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18... 16.	20,666.00
17. State income tax claimed as an itemized deduction..... 17.	7,428.00
18. Net Oregon itemized deductions. Line 16 minus line 17..... 18.	13,238.00
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.	13,238.00
21. Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0-	79,335.00

Oregon tax

22. Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using an alternative method	22.	6,902.00
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.	6,902.00

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.	6,705.00
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.	6,705.00

2017 Form OR-40



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Name MOHAMMAD S ISLAM	SSN 689-32-8124
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Payments and refundable credits

32. Oregon income tax withheld. Include a copy of Form(s) W-2 and 1099	32.	7,097.00
33. Amount applied from your prior year's tax refund	33.	
34. Estimated tax payments for 2017. Include all payments made 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. If you elect to donate your kicker to the State School Fund, enter -0- and see line 53	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.	7,097.00

Tax to pay or refund

39. Overpayment of tax. If line 31 is less than line 38, you overpaid. Line 38 minus line 31.....	39.	392.00
40. Net tax. If line 31 is more 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. Include Form OR-10	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. Net tax including penalty and interest. Line 40 plus line 43..... This is the amount you owe	44.	
45. Overpayment less penalty and interest. Line 39 minus line 43..... This is your refund	45.	392.00
46. Estimated tax. 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 Net refund	51.	392.00

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: 325070760

Account number: 232215001

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.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: **MOHAMMAD S** Last name: **ISLAM** Your social security number: **689-32-8124**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **3027 NW OVERLOOK DR** Apt. no. **931**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **HILLSBORO OR 97124**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.)
 If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b **1**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **99,123.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount **15b**

16a Pensions and annuities **16a** **16b** Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b** Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **99,123.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ _____ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **99,123.**

38	Amount from line 37 (adjusted gross income)	38	99,123.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,666.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	78,457.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	74,407.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	14,345.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	14,345.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	14,345.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	14,345.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	19,795.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	19,795.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,450.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	5,450.
Direct deposit? See instructions.	b Routing number 3 2 5 0 7 0 7 6 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 2 3 2 2 1 5 0 0 1		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/19/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name GLOBAL TAXES LLC	Firm's EIN 30-1017196	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729	