

2016 Form OR-40-P

Page 1 of 5, 150-101-055 (Rev. 12-16) Oregon Department of Revenue



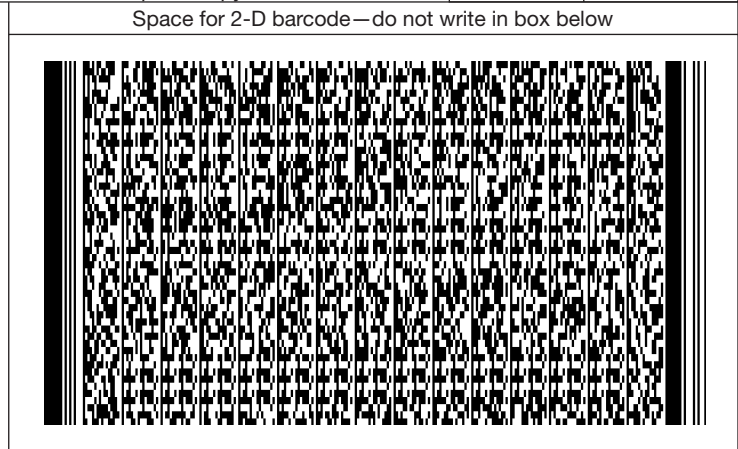
Office use only

Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: Oregon resident:
From: 04/16/2016
To: 12/31/2016

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



First name and initial Last name
KARTHICK N CHANDRASEKARAN
Spouse's first name and initial Spouse's last name

Social Security no. (SSN) Date of birth (mm/dd/yyyy)
Deceased 898-90-1743 Applied for SSN 01/19/1981
Spouse's SSN Spouse's date of birth

Current mailing address
16320 SW ESTUARY DRIVE APT 204
Country Phone

City State ZIP code
BEAVERTON OR 97006

Filing status (check only one box)

- 1 [X] Single.
2 [] Married filing jointly.
3 [] Married filing separately (enter spouse's information above).
4 [] Head of household (with qualifying person).
5 [] Qualifying widow(er) with dependent child.

Exemptions

6a Credits for yourself: [X] 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.

Table with columns: First name, Last name, Code*, Dependent's SSN, Dependent's date of birth (mm/dd/yyyy), Check if child with qualifying disability

*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

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Name: **KARTHICK N CHANDRASEKARAN** SSN: **898-90-1743**

| Income | Federal column (F) | Oregon column (S) |
|---|---------------------------|--------------------------|
| 7 Wages, salaries, and other pay for work. Include all Forms W-2 7F | 82,314.00 | 7S 65,770.00 |
| 8 Taxable interest income from federal Form 1040, line 8a..... 8F | | 8S |
| 9 Dividend income from federal Form 1040, line 9a..... 9F | | 9S |
| 10 State and local income tax refunds from federal Form 1040, line 10..... 10F | 738.00 | 10S |
| 11 Alimony received from federal Form 1040, line 11 11F | | 11S |
| 12 Business income or loss from federal Form 1040, line 12 12F | | 12S |
| 13 Capital gain or loss from federal Form 1040, line 13..... 13F | | 13S |
| 14 Other gains or losses from federal Form 1040, line 14 14F | | 14S |
| 15 IRA distributions from federal Form 1040, line 15b 15F | | 15S |
| 16 Pensions and annuities from federal Form 1040, line 16b 16F | | 16S |
| 17 Schedule E income from federal Form 1040, line 17 17F | | 17S |
| 18 Farm income or loss from federal Form 1040, line 18..... 18F | | 18S |
| 19 Unemployment and other income from federal Form 1040, lines 19 through 21 19F | | 19S |
| 20 Total income. Add lines 7 through 19..... 20F | 83,052.00 | 20S 65,770.00 |

| Adjustments | | |
|---|-----------|---------------|
| 21 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32 21F | | 21S |
| 22 Education deductions from federal Form 1040, lines 23, 33, and 34 22F | | 22S |
| 23 Moving expenses from federal Form 1040, line 26 23F | | 23S |
| 24 Deduction for self-employment tax from federal Form 1040, line 27 24F | | 24S |
| 25 Self-employed health insurance deduction from federal Form 1040, line 29..... 25F | | 25S |
| 26 Alimony paid from federal Form 1040, line 31a..... 26F | | 26S |
| 27 Total adjustments from Schedule OR-ASC-NP, section 1..... 27F | | 27S |
| 28 Total adjustments. Add lines 21 through 27 28F | | 28S |
| 29 Income after adjustments. Line 20 minus line 28..... 29F | 83,052.00 | 29S 65,770.00 |

| Additions | | |
|--|-----------|---------------|
| 30 Total additions from Schedule OR-ASC-NP, section 2..... 30F | | 30S |
| 31 Income after additions. Add lines 29 and 30..... 31F | 83,052.00 | 31S 65,770.00 |

| Subtractions | | |
|--|-----------|---------------|
| 32 Social Security and tier 1 Railroad Retirement Board benefits included on line 19F 32F | | |
| 33 Total subtractions from Schedule OR-ASC-NP, section 3..... 33F | | 33S |
| 34 Income after subtractions. Line 31 minus lines 32 and 33..... 34F | 83,052.00 | 34S 65,770.00 |
| 35 Oregon percentage. Line 34S ÷ line 34F (not more than 100.0%)..... 35 | 79.2 | |

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00611601031201

Name

SSN

KARTHICK N CHANDRASEKARAN

898-90-1743

Deductions and modifications

Table with 3 columns: Line number, Description, and Amount. Includes rows for Amount from line 34F, Itemized deductions, State income tax, Net Oregon itemized deductions, Standard deduction, and Taxable income.

40a You were: [] 65 or older; [] Blind. Your spouse was: [] 65 or older; [] Blind.

Oregon tax

Table with 3 columns: Line number, Description, and Amount. Includes rows for Tax, Oregon income tax, Interest on certain installment sales, and Total tax before credits.

Standard and carryforward credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for Exemption credit, Total standard credits, Tax minus standard credits, Total carryforward credits, and Tax after standard and carryforward credits.

Payments and refundable credits

Table with 3 columns: Line number, Description, and Amount. Includes rows for Oregon income tax withheld, Amount applied from prior year's tax refund, Estimated tax payments, Tax payments from a pass-through entity, Earned income credit, Total refundable credits, and Total payments and refundable credits.

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Name: KARTHICK N CHANDRASEKARAN SSN: 898-90-1743

Tax to pay or refund

Table with 4 columns: Line number, Description, Line number, Amount. Includes rows for Overpayment of tax, Net tax, Penalty and interest, Interest on underpayment, Total penalty and interest due, Tax to pay including penalty and interest, Overpayment less penalty and interest, Estimated tax, Total charitable checkoff donations, Total Oregon 529 College Savings Plan deposits, Total, and Net refund.

Exception number from Form OR-10, line 1: 66a Check box if you annualized: 66b []

Direct deposit

75 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.

Preparer license number, if professionally prepared

Routing number: 0 6 1 0 0 0 0 5 2
Account number: 3 3 4 0 2 7 6 1 3 2 0 7

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

Your signature Date
X Spouse's signature (if filing jointly, both must sign) Date
X Signature of preparer other than taxpayer Preparer phone
X Preparer address City State ZIP code

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 68)

- Online payments: You may make payments online at www.oregon.gov/dor.
Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write your daytime phone number, SSN or ITIN, and "2016 Oregon Form OR-40-P" on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return 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 2-D barcode area on the front of this return 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.