

2023 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

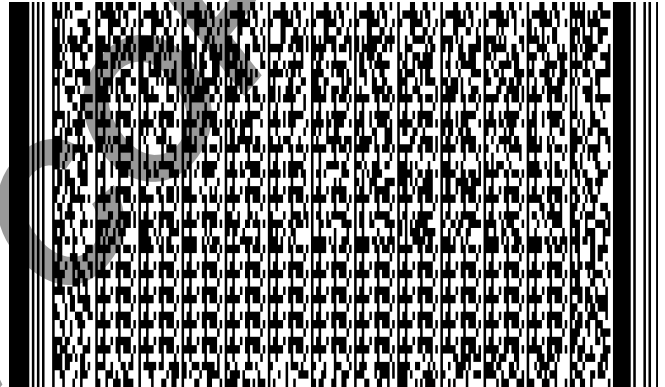
Oregon Department of Revenue

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: JULIA
Last name: FARRIS
Initial: M
Date of birth (MM/DD/YYYY): 07/02/1943

Social Security number (SSN): 519-48-4120
 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

16631 NW TALKINGSTICK WAY
City

BEAVERTON
Country

State: OR ZIP code: 97006

Phone: (503) 313-2663

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



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Last name

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519-48-4120

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Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b.

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 dependents6c. 0

6d. Total number of dependent children with a qualifying disability (see instructions).....6d. 0

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1



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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. 107,172.00
- 8. Total additions from Schedule OR-ASC, line A5 8.
- 9. Income after additions. Add lines 7 and 8 9. 107,172.00

Subtractions

- 10. 2023 federal tax liability (see instructions)..... 10.
- 11. Social Security amount on federal Form 1040 or 1040-SR, line 6b 11. 18,318.00
- 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. 18,318.00
- 15. Income after subtractions. Line 9 minus line 14 15. 88,854.00

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. 126,049.00
- 17. Standard deduction. Enter your standard deduction 17. 3,805.00

You were: 17a. 65 or older 17b. Blind Your spouse was: 17c. 65 or older 17d. Blind

Standard deductions	Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household
	\$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. 126,049.00
- 19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 0.00



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Oregon tax

20. Tax (see instructions) 20.

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.

Standard and carryforward credits

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.

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.

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 29. 0.00

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. 0.00



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Payments and refundable credits

- 32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32.
- 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. 0.00
- 37. Oregon Kids Credit (see instructions)..... 37. 0.00
- 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. 0.00
- 39. Total refundable credits from Schedule OR-ASC, line F7 39.
- 40. Total payments and refundable credits. Add lines 32 through 39..... 40.

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.
- 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.



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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.
- 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.
- 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.

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
- Savings

Account information:

Routing number Account number

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.



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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

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

City

State

ZIP code

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. If you include a payment with your return, don't include Form OR-40-V payment voucher.

Mail your return

- Non-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.



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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.

PREVIEW COPY
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2023 Schedule OR-A
Oregon Itemized Deductions

Oregon Department of Revenue

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Last name

FARRIS

Social Security number (SSN)

519-48-4120

Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.

Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

1. Medical and dental expenses (see instructions).....	1.	134,087.00
2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7; or Form OR-40-N or OR-40-P, line 29F	2.	107,172.00
3. AGI threshold. Multiply line 2 by 7.5% (0.075).....	3.	8,038.00
4. Medical and dental expense deduction. Line 1 minus line 3. If line 3 is more than line 1, enter 0	4.	126,049.00

Taxes you paid

5. State and local income taxes. Don't include Oregon income tax, including Oregon withholding.	5.	
6. Real estate taxes (see instructions)	6.	
7. Personal property taxes.....	7.	

Reserved

9. Total income and property taxes. Add lines 5 through 8. Don't enter more than \$10,000 (\$5,000 if married filing separately)	9.	
10. Other taxes. List type and amount:	10.	
11. Taxes paid deduction. Add lines 9 and 10.....	11.	

Continued on next page



**2023 Schedule OR-A
Oregon Itemized Deductions**

Oregon Department of Revenue

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Interest you paid

- 12. Mortgage interest and points reported on federal Form 1098 12.
- 13. Mortgage interest not reported on federal Form 1098 13.
- 14. Points not reported on federal Form 1098..... 14.

Reserved

- 16. Investment interest (see instructions) 16.
- 17. **Interest paid deduction.** Add lines 12 through 16..... 17.

Gifts to charity

- 18. Gifts by cash or check (see instructions)..... 18.
- 19. Gifts other than by cash or check (see instructions) 19.
- 20. Carryover from prior year..... 20.
- 21. **Total gifts to charity.** Add lines 18 through 20..... 21.

Other miscellaneous deductions

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation** (see instructions) 22.

Oregon itemized deductions

- 23. Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37 23. 126,049.00