

**Tax Return Signature/Consent to Disclosure  
On-Line Self Select PIN without Direct Debit**

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**Perjury Statement**

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.**

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Taxpayer's PIN: . . . . .	<u>33557</u>
Taxpayer's Date of Birth: . . . . .	<u>12/03/1979</u>
Taxpayer's Prior Year Adjusted Gross Income: . . . . .	<u>31,286.</u>
Taxpayer's Prior year PIN . . . . .	<u>77777</u>
Taxpayer's Electronic Filing PIN . . . . .	_____
Spouse's PIN: . . . . .	_____
Spouse's Date of Birth: . . . . .	_____
Spouse's Prior Year Adjusted Gross Income: . . . . .	_____
Spouse's Prior year PIN . . . . .	_____
Spouse's Electronic Filing PIN . . . . .	_____

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Date: . . . . . 02/28/2020

<b>Prepared for</b>	DAVID C VASQUEZ																								
<b>Tax Summary</b>	<table> <tr> <td>Gross Income .....</td> <td>\$</td> <td>53,014</td> </tr> <tr> <td>Adjusted Gross Income .....</td> <td>\$</td> <td>52,458</td> </tr> <tr> <td>Total Deductions .....</td> <td>\$</td> <td>12,200</td> </tr> <tr> <td>Total Taxable Income .....</td> <td>\$</td> <td>40,258</td> </tr> <tr> <td>Total Tax .....</td> <td>\$</td> <td>5,451</td> </tr> <tr> <td>Total Payments .....</td> <td>\$</td> <td>6,716</td> </tr> <tr> <td>Refund Amount .....</td> <td>\$</td> <td>1,265</td> </tr> <tr> <td>Amount You Owe .....</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income .....	\$	53,014	Adjusted Gross Income .....	\$	52,458	Total Deductions .....	\$	12,200	Total Taxable Income .....	\$	40,258	Total Tax .....	\$	5,451	Total Payments .....	\$	6,716	Refund Amount .....	\$	1,265	Amount You Owe .....	\$	0
Gross Income .....	\$	53,014																							
Adjusted Gross Income .....	\$	52,458																							
Total Deductions .....	\$	12,200																							
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Refund Amount .....	\$	1,265																							
Amount You Owe .....	\$	0																							
<b>Make check payable to</b>	United States Treasury																								
<b>Mailing Address</b>	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

**Instructions**

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

Filing status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er)(QW) Check only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. ▶

Your first name and middle initial DAVID C Last name VASQUEZ Your social security number 606-05-4563 If joint return, spouse's first name and middle initial Last name Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. 155 NW KINGS BLVD Apt. no. 647 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 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CORVALLIS, OR 97330 Foreign country name Foreign province/county Foreign postal code If more than four dependents, see inst. and [ ] here ▶ [ ]

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were dual- status alien

Age/Blindness You: [ ] Were born before January 2, 1955 [ ] Are blind Spouse: [ ] Was born before January 2, 1955 [ ] Is blind

Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	45,528.
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	
4a	IRA distributions . . . . .	4a	
c	Pension and annuities. . . . .	4c	
5a	Social security benefits . . . . .	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ [ ]	6	
7a	Other income from Schedule 1, line 9 . . . . .	7a	3,115.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income . . . . . ▶	7b	53,014.
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	556.
b	Subtract line 8a from line 7b. This is your adjusted gross income . . . . .	8b	52,458.
9	Standard deduction or itemized deductions (from Schedule A) . . . . .	9	12,200.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	
11a	Add lines 9 and 10 . . . . .	11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter - 0- . . . . .	11b	40,258.

<b>12a</b>	<b>Tax</b> (see inst. Check if any from Form(s) 1 <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <b>12a</b> <b>4,719.</b>	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b> <b>5,014.</b>
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter - 0-	<b>14</b> <b>5,014.</b>
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b> <b>437.</b>
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b> <b>5,451.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b> <b>6,716.</b>
<b>18</b>	Other payments and refundable credits:	
<b>a</b>	Earned income credit (EIC)	<b>18a</b>
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>
<b>d</b>	Schedule 3, line 14	<b>18d</b>
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b> <b>6,716.</b>
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b> <b>1,265.</b>
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b> <b>1,265.</b>
Direct deposit? See instructions.	<b>b</b> Routing number <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b> Account number	
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>
	<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>

**Third Party Designee** (Other than paid preparer) Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See inst. ☐ **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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an ID Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

<b>Paid Preparers Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> self-employed
	Firm's name	Phone no.			
	Firm's address	Firm's EIN			

**SCHEDULE 1**  
**(Form 1040 or 1040- SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040- SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

**DAVID C VASQUEZ**

Your social security number

**606-05-4563**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C. . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797. . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F. . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	<b>3,115.</b>
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040- SR, line 7a . . . . .	<b>9</b>	<b>3,115.</b>

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE. . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans. . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings. . . . .	<b>17</b>	
<b>18a</b>	Alimony paid. . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	<b>556.</b>
<b>21</b>	Tuition and fees. Attach Form 8917. . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	<b>556.</b>

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.**

**Schedule 1 (Form 1040 or 1040- SR) 2019**

**SCHEDULE 2**  
**(Form 1040 or 1040- SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► **Attach to Form 1040 or 1040- SR.**

► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

**DAVID C VASQUEZ**

Your social security number

**606-05-4563**

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	<b>295.</b>
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040- SR, line 12b . . . . .	<b>3</b>	<b>295.</b>

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE. . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax- favored accounts. Attach Form 5329 if required. . . . . <b>NO</b>	<b>6</b>	<b>437.</b>
<b>7a</b>	Household employment taxes. Attach Schedule H. . . . .	<b>7a</b>	
<b>b</b>	Repayment of first- time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . . . .	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965- A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040- SR, line 15 . . . . .	<b>10</b>	<b>437.</b>

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.**

**Schedule 2 (Form 1040 or 1040- SR) 2019**

## Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**2019**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DAVID C VASQUEZ

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions▶

606-05-4563

**Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.****Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions)	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2		
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3		3,500.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		3,500.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6		3,500.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7		
8	Add lines 6 and 7	8		3,500.
9	Employer contributions made to your HSAs for 2019	9		1,400.
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		1,400.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		2,100.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040NR, line 25	13		0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.**

Form 8889 (2019)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

2019

Attachment  
Sequence No. 73Name shown on your return  
**DAVID C VASQUEZ**Your social security number  
**606-05-4563**You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)		1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	52,458	
b	Enter the total of your dependents' modified AGI (see instructions)	2b		
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	52,458	
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,140	
5	Household income as a percentage of federal poverty line (see instructions)	5	401%	
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7		
8a	Annual contribution amount. Multiply line 3 by 12. Round to nearest whole dollar amt	8a		
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b		

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January						295	
13 February							
14 March							
15 April							
16 May							
17 June							
18 July							
19 August							
20 September							
21 October							
22 November							
23 December							
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here.					24	0
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here.					25	295
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27.					26	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	295
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44	29	295

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8962 (2019)



**2019 STATE TAX RETURN FILING INSTRUCTIONS**

OREGON

**FOR THE YEAR ENDING**  
 December 31, 2019

<b>Prepared for</b>	DAVID C VASQUEZ																								
<b>Tax Summary</b>	<table> <tr> <td>Gross Income .....</td><td>\$</td><td>52,458</td></tr> <tr> <td>Adjusted Gross Income .....</td><td>\$</td><td>47,302</td></tr> <tr> <td>Total Deductions .....</td><td>\$</td><td>2,270</td></tr> <tr> <td>Total Taxable Income .....</td><td>\$</td><td>45,032</td></tr> <tr> <td>Total Tax .....</td><td>\$</td><td>3,600</td></tr> <tr> <td>Total Payments .....</td><td>\$</td><td>4,116</td></tr> <tr> <td>Refund Amount .....</td><td>\$</td><td>516</td></tr> <tr> <td>Amount You Owe .....</td><td>\$</td><td>0</td></tr> </table>	Gross Income .....	\$	52,458	Adjusted Gross Income .....	\$	47,302	Total Deductions .....	\$	2,270	Total Taxable Income .....	\$	45,032	Total Tax .....	\$	3,600	Total Payments .....	\$	4,116	Refund Amount .....	\$	516	Amount You Owe .....	\$	0
Gross Income .....	\$	52,458																							
Adjusted Gross Income .....	\$	47,302																							
Total Deductions .....	\$	2,270																							
Total Taxable Income .....	\$	45,032																							
Total Tax .....	\$	3,600																							
Total Payments .....	\$	4,116																							
Refund Amount .....	\$	516																							
Amount You Owe .....	\$	0																							
<b>Make check payable to</b>	Not Applicable																								
<b>Mailing Address</b>	Not Applicable																								
<b>Special Instructions</b>	<p>SIGN AND DATE YOUR RETURN                      Please sign and date Form OR EF.                      Keep a copy with your records for three years.</p> <p>KEEP A COPY                      Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, and 1099 Form with withholding. Keep with your records for three years.</p>																								

# 2019 Form OR-40

Page 1 of 4, 150-101-040  
(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



00461901011029

Office use only

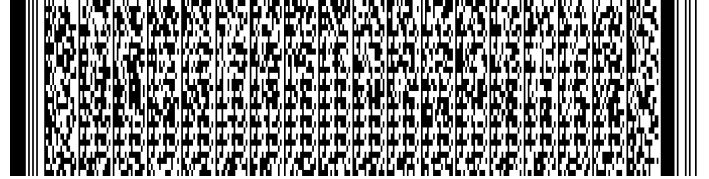
## Oregon Individual Income Tax Return for Full-year Residents

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. ☐ Federal disaster relief.
- ☐ Extension filed. ☐ Federal Form 8886.
- ☐ Form OR-24.



First name <b>DAVID</b>	Initial <b>C</b>	Last name <b>VASQUEZ</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>606-05-4563</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name	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>155 NW KINGS BLVD APT 647</b>				Date of birth (mm/dd/yyyy) <b>12/03/1979</b>	Spouse's date of birth	
City <b>CORVALLIS</b>	State <b>OR</b>	ZIP code <b>97330</b>	Country	Phone <b>(925) 818-1172</b>		

### 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. **1**
- ☐ Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse: ☐ Regular ☐ Severely disabled. . . 6b. **0**
- ☐ 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 (see instructions).

6c. Total number of dependents . . . . . 6c. **0**

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

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

# 2019 Form OR-40

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



00461901021029

Name	SSN
DAVID C VASQUEZ	606-05-4563

**Note:** Reprint page 1 if you make changes to this page.

## Taxable income

- |  |    |           |
|--|----|-----------|
| 7. Federal adjusted gross income from federal Form 1040 or 1040- SR, line 8b; 1040- NR, line 35; 1040-NR-EZ, line 10; or 1040-X, line 1C (see instructions). . . . . | 7. | 52,458.00 |
| 8. Total additions from Schedule OR-ASC, section 1 . . . . .   | 8. |           |
| 9. Income after additions. Add lines 7 and 8. . . . .  | 9. | 52,458.00 |

## Subtractions

- |  |     |           |
|--|-----|-----------|
| 10. 2019 federal tax liability <b>See instructions for the correct amount: \$0- \$6,800.</b> . . . . . | 10. | 5,156.00  |
| 11. Social Security included on federal Form 1040 or 1040- SR, line 5b. . . . .                        | 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. | 5,156.00  |
| 15. Income after subtractions. Line 9 minus line 14 . . . . .  | 15. | 47,302.00 |

## Deductions

- |   |     |          |
|---|-----|----------|
| 16. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR- A, line 23. If you are not itemizing your deductions, enter -0-. . . . . | 16. | 0.00     |
| 17. <b>Standard deduction.</b> Enter your standard deduction (see instructions). . . . .  | 17. | 2,270.00 |

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

- |   |     |           |
|---|-----|-----------|
| 18. Enter the larger of line 16 or line 17 . . . . .  | 18. | 2,270.00  |
| 19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter - 0- . . . . . | 19. | 45,032.00 |

## Oregon Tax

- |  |     |          |
|--|-----|----------|
| 20. <b>Tax.</b> Check the appropriate box if you're using an alternative method to calculate your tax (see instructions). . . . .                | 20. | 3,806.00 |
| 20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY |     |          |
| 21. Interest on certain installment sales. . . . .   | 21. |          |
| 22. Total tax before credits. Add lines 20 and 21 . . . . .  | 22. | 3,806.00 |

## Standard and carryforward credits

- |  |     |          |
|--|-----|----------|
| 23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$206. Otherwise, see instructions. . . . .       | 23. | 206.00   |
| 24. Political contribution credit. <b>See limits in instructions.</b> . . . . .  | 24. |          |
| 25. Total standard credits from Schedule OR-ASC, section 3. . . . .  | 25. |          |
| 26. Total standard credits. Add lines 23 through 25 . . . . .  | 26. | 206.00   |
| 27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter - 0- . . . . .   | 27. | 3,600.00 |
| 28. Total carryforward credits claimed this year from Schedule OR- ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) . . . . . | 28. |          |
| 29. Tax after standard and carryforward credits. Line 27 minus line 28 . . . . .   | 29. | 3,600.00 |

# 2019 Form OR- 40

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



00461901031029

Name	SSN
DAVID C VASQUEZ	606-05-4563

**Note:** Reprint page 1 if you make changes to this page.

## Payments and refundable credits

30.	Oregon income tax withheld. <b>Include a copy of Forms W-2 and 1099.</b> . . . . .	30.	3,741.00
31.	Amount applied from your prior year's tax refund . . . . .	31.	
32.	Estimated tax payments for 2019. <b>Include all payments you made</b> prior to the filing date of this return. Do not include the amount you already reported on line 31 . . . . .	32.	
33.	Earned income credit (see instructions). . . . .	33.	
34.	Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). <b>If you elect to donate your kicker to the State School Fund, enter - 0- and see line 51.</b> . . . . .	34.	375.00
35.	Total refundable credits from Schedule OR-ASC, section 5. . . . .	35.	
36.	Total payments and refundable credits. Add lines 30 through 35. . . . .	36.	4,116.00

## Tax to pay or refund

37.	<b>Overpayment of tax.</b> If line 29 is <b>less</b> than line 36, you overpaid. Line 36 minus line 29 . . . . .	37.	516.00
38.	<b>Net tax.</b> If line 29 is <b>more</b> than line 36, you have tax to pay. Line 29 minus line 36 . . . . .	38.	
39.	Penalty and interest for filing or paying late (see instructions) . . . . .	39.	
40.	Interest on underpayment of estimated tax. <b>Include Form OR- 10</b> . . . . .	40.	
Exception number from Form OR-10, line 1: 40a. Check box if you annualized: 40b. <input type="checkbox"/>			
41.	Total penalty and interest due. Add lines 39 and 40 . . . . .	41.	
42.	<b>Net tax including penalty and interest.</b> Line 38 plus line 41 . . . . . <b>This is the amount you owe.</b>	42.	
43.	<b>Overpayment less penalty and interest.</b> Line 37 minus line 41. . . . . <b>This is your refund.</b>	43.	516.00
44.	Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account. . . . .	44.	
45.	Charitable checkoff donations from Schedule OR-DONATE, line 30 . . . . .	45.	
46.	Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse . . . . .	46.	
47.	Oregon 529 College Savings Plan deposits from Schedule OR- 529 (see instructions) . . . . .	47.	
48.	Total. Add lines 44 through 47. Total can't be more than your refund on line 43 . . . . .	48.	
49.	<b>Net refund.</b> Line 43 minus line 48. . . . . <b>This is your net refund.</b>	49.	516.00

## Direct deposit

50. 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

Routing number:

Account number:

## Kicker donation

51. Kicker donation. If you elect to donate your kicker to the State School Fund, check this box: 51a. ☐  
Complete the kicker worksheet, located in the instructions, and enter the amount here.  
**This election is irrevocable.** . . . . . 51b.

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**Note: Reprint page 1 if you make changes to this page.**

Your signature X For Information Only	Date		
Spouse's signature (if filing jointly, both <b>must</b> sign) X For Information Only	Date		
Signature of preparer other than taxpayer X	Preparer phone	Preparer license number, if professionally prepared	
Preparer address	City	State	ZIP code

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

- **Online payments:** Visit our website at [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2019 Oregon Form OR- 40"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR- 40- V payment voucher unless you're sending us a separate payment.

- **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.

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.

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Name **DAVID C VASQUEZ**SSN **606-05-4563**Total interest paid from Form 1098-E. . . . . **556**Total interest paid in 2019 on qualified student loans . . . . . **556**1. Enter the total interest you paid in 2019 on qualified student loans. **Do not enter more than \$2,500** . . . . . 1. **556**2. Enter your total income from Form 1040 or 1040-SR, line 7b . . . . . 2. **53,014**

3. Enter the total of amounts from Schedule 1, lines 10-19 . . . . . 3. \_\_\_\_\_

4. Enter any amount you entered on the dotted line next to  
Schedule 1, line 22 . . . . . 4. \_\_\_\_\_

5. Add the amounts on lines 3 and 4 . . . . . 5. \_\_\_\_\_

6. Subtract the amount on line 5 from the amount on line 2. . . . . 6. **53,014**7. Enter any foreign earned income exclusion and/or  
housing exclusion (Form 2555, line 45) . . . . . 7. \_\_\_\_\_

8. Enter any housing deduction (Form 2555, line 50) . . . . . 8. \_\_\_\_\_

9. Enter the amount of income from Puerto Rico that you are excluding . . . . . 9. \_\_\_\_\_

10. Enter the amount of income from American Samoa that you are  
excluding (Form 4563, line 15) . . . . . 10. \_\_\_\_\_11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income . . . . . 11. **53,014**12. Enter the amount shown below for your filing status . . . . . 12. **70,000**

- Single, head of household, or qualifying widow(er) - \$70,000
- Married filing jointly - \$140,000

13. Is the amount on line 11 more than the amount on line 12?

☒ **No.** Skip line 14, enter -0- on line 15, and go to line 16.☐ **Yes.** Subtract line 12 from line 11 . . . . . 13. \_\_\_\_\_14. Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal  
(rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . . 14. \_\_\_\_\_15. Multiply line 1 by line 14 . . . . . 15. **0**16. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 20.**Do not** include this amount in figuring any other deduction on your return (such as  
on Schedule A, C, E, etc.) . . . . . 16. **556**