



**2023 Federal Tax Return Filing**  
**Instructions**  
**FOR THE YEAR ENDING**  
**December 31, 2023**

<b>Prepared for</b>	DAVID C VASQUEZ																
<b>Tax Summary</b>	<table><tr><td>Gross Income.....</td><td>\$119580</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$119580</td></tr><tr><td>Total Deductions.....</td><td>\$13850</td></tr><tr><td>Total Taxable Income.....</td><td>\$105730</td></tr><tr><td>Total Tax.....</td><td>\$18775</td></tr><tr><td>Total Payments.....</td><td>\$19930</td></tr><tr><td>Refund Amount.....</td><td>\$1155</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$119580	Adjusted Gross Income.....	\$119580	Total Deductions.....	\$13850	Total Taxable Income.....	\$105730	Total Tax.....	\$18775	Total Payments.....	\$19930	Refund Amount.....	\$1155	Amount You Owe.....	\$0
Gross Income.....	\$119580																
Adjusted Gross Income.....	\$119580																
Total Deductions.....	\$13850																
Total Taxable Income.....	\$105730																
Total Tax.....	\$18775																
Total Payments.....	\$19930																
Refund Amount.....	\$1155																
Amount You Owe.....	\$0																
<b>Make check payable to</b>																	
<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**

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.



**2023 STATE TAX RETURN FILING  
INSTRUCTIONS  
OREGON  
FOR THE YEAR ENDING  
December 31, 2023**

<b>Prepared for</b>	DAVID C VASQUEZ																					
<b>Tax Summary</b>	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>111,780</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>2,605</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>109,175</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>9,268</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>0</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>4,186</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>	Adjusted Gross Income.....	\$	111,780	Total Deductions.....	\$	2,605	Total Taxable Income.....	\$	109,175	Total Tax.....	\$	9,268	Total Payments.....	\$	0	Refund Amount.....	\$	4,186	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	111,780																				
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<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.																					

**Special Instructions**

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, 1099R or 1099G with withholding. Keep with your records for three years.

# 2023 TWO YEAR COMPARISON

DAVID C VASQUEZ  
606-05-4563

Keep for Your Records

	2023	2022	Difference
Filing status .....	Single		
<b>INCOME:</b>			
Wages, salaries, tips, etc. ....	111,750		111,750
Interest income .....			
Ordinary dividend income .....			
IRA distributions and pension income .....			
Taxable social security income .....			
Capital gain or (loss) (Schedule D) .....			
<b>Schedule 1 - Income</b>			
Refunds of state and local taxes .....			
Alimony received .....			
Business income or (loss) (Schedule C) .....			
Other gains or (losses) (Form 4797) .....			
Rental real estate, partnerships, estates, etc. (Schedule E) ....			
Farm income or (loss) (Schedule F) .....			
Unemployment compensation .....	7,830		7,830
Other income .....			
<b>Total income</b> .....	119,580		119,580
<b>ADJUSTMENTS:</b>			
<b>Schedule 1 - Adjustments</b>			
Educator expenses .....			
Busn expenses for reserviists, performing artists, etc .....			
Health savings account deduction .....			
Moving expenses .....			
Deductible part of self-employment tax .....			
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance .....			
Penalty on early withdrawal of savings .....			
Alimony paid .....			
IRA contributions .....			
Student loan interest deduction .....			
Archer MSA deduction .....			
Other adjustments .....			
<b>Total adjustments</b> .....			
<b>ADJUSTED GROSS INCOME:</b> .....	119,580		119,580
<b>DEDUCTIONS:</b>			
Standard deduction or Itemized deductions .....	13,850		13,850
Charitable contributions if taking standard deduction .....	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses .....			
Sales, income, and other taxes paid .....	9,897		9,897
Interest paid .....			
Gifts to charity .....			
Casualty and theft losses .....			
Other miscellaneous deductions .....			
Qualified business income deduction .....			
<b>TAXABLE INCOME:</b> .....	105,730		105,730

## 2023 TWO YEAR COMPARISON

DAVID C VASQUEZ  
606-05-4563

Keep for Your Records

	2023	2022	Difference
<b>TAX COMPUTATION (BEFORE CREDITS):</b>			
Tax .....	18,775		18,775
Tax calculation method .....	TCW		
<b>Schedule 2 – Taxes</b>			
Alternative minimum tax .....			
Excess advance premium tax credit repayment .....			
Total taxes .....	18,775		18,775
Tax rate .....	24%	%	
<b>CREDITS:</b>			
Child and other dependents tax credit .....			
<b>Schedule 3 – Non-Refundable Credits</b>			
Foreign tax credit .....			
Child care credit .....			
Education credit .....			
Retirement savings contribution credit .....			
Other credits .....			
Total credits .....			
<b>OTHER TAXES:</b>			
<b>Schedule 2 – Other Taxes</b>			
Self-employment tax .....			
Additional tax on IRAs .....			
Other taxes .....			
<b>TOTAL TAXES:</b> .....	18,775		18,775
<b>PAYMENTS:</b>			
Federal income tax withheld .....	19,930		19,930
Estimated payments made .....			
Earned income credit .....			
Refundable child tax credit or additional child tax credit .....			
American opportunity credit .....			
<b>Schedule 3 – Refundable Credits &amp; Payments</b>			
ACA premium tax credit .....			
Qualified sick and family leave credit .....			
Other payments .....			
Total payments .....	19,930		19,930
<b>AMOUNT DUE / REFUND:</b>			
Amount overpaid .....	1,155		1,155
Overpayment applied to next year .....			
Refund .....	1,155		1,155
Amount due .....			
Penalty .....			

### Tax Calculation Methods:

Sch D = Sch D tax worksheet  
Sch J = Inc Aver for Farmer/Fisherman  
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS  
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)  
TABLE = Tax Table

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_ See separate instructions.

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 number
Home address (number and street). If you have a P.O. box, see instructions. 155 NW KINGS BLVD		Apt. no. 648	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. CORVALLIS		State OR	
Foreign country name		Foreign postal code	

**Filing Status** ☒ Single ☐ Married filing separately (MFS) ☐ Head of household (HOH)  
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)  
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

**Age/Blindness** You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

(1) First name		Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit		Credit for other dependents	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a Form W-2, see instructions.  <b>Attach Sch. B if required.</b>  <b>Standard Deduction for--</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$13,850</li><li>• Married filing jointly or Qualifying surviving spouse, \$27,700</li><li>• Head of household, \$20,800</li><li>• If you checked any box under Standard Ded., see instructions.</li></ul>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b> 111,750
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b> 111,750
	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b> Taxable interest . . . . . <b>2b</b>
	<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>3b</b> Ordinary dividends . . . . . <b>3b</b>
	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>4b</b> Taxable amount . . . . . <b>4b</b>
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>5b</b> Taxable amount . . . . . <b>5b</b>
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>6b</b> Taxable amount . . . . . <b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>		
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Additional income from Schedule 1, line 10 . . . . .	<b>8</b> 7,830	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b> 119,580	
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b> 119,580	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b> 13,850	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b> 13,850	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b> 105,730	

<b>Tax and Credits</b>	<b>16 Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	18,775
	<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b> Add lines 16 and 17	<b>18</b>	18,775
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b> Add lines 19 and 20	<b>21</b>	
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	18,775
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	18,775	

<b>Payments</b>	<b>25</b> Federal income tax withheld from:		
	<b>a</b> Form(s) W-2	<b>25a</b>	19,150
	<b>b</b> Form(s) 1099	<b>25b</b>	780
	<b>c</b> Other forms (see instructions)	<b>25c</b>	
	<b>d</b> Add lines 25a through 25c	<b>25d</b>	19,930
	<b>26</b> 2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b> Earned income credit (EIC)	<b>27</b>	
	<b>28</b> Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b> Reserved for future use	<b>30</b>	
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,930	

<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,155
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,155
	<b>b</b> Routing number 123000220 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 153654725776		
<b>36</b> Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Software Engineer	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 9258181175	Email address	Vasquezd@oregonstate.edu	

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2023)

**SCHEDULE 1**

(Form 1040)

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **01**Department of the Treasury  
Internal Revenue Service

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

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

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

DAVID C VASQUEZ

Your social security number

606-05-4563

**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>	7,830
<b>8</b>	Other income:		
<b>a</b>	Net operating loss .....	<b>8a</b>	( )
<b>b</b>	Gambling .....	<b>8b</b>	
<b>c</b>	Cancellation of debt .....	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 .....	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 .....	<b>8e</b>	
<b>f</b>	Income from Form 8889 .....	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends .....	<b>8g</b>	
<b>h</b>	Jury duty pay .....	<b>8h</b>	
<b>i</b>	Prizes and awards .....	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income .....	<b>8j</b>	
<b>k</b>	Stock options .....	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property .....	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) .....	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) .....	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) .....	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment .....	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) .....	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 .....	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d .....	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan .....	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated .....	<b>8u</b>	
<b>z</b>	Other income. List type and amount: .....	<b>8z</b>	0
<b>9</b>	Total other income. Add lines 8a through 8z .....	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 .....	<b>10</b>	7,830

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

Schedule 1 (Form 1040) 2023

2023 WAGES AND SALARIES SUMMARY ATTACHMENT

DAVID C VASQUEZ  
606-05-4563

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
TEKSYSTEMSINC	52-2010575	T	32,480	5,469	2,014	OR	32,480	2,696	
Nike INC	93-0584541	T	79,270	13,681	5,139	OR	79,270	6,731	

Total 111,750 19,150 7,153 111,750 9,427



## 2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

DAVID C VASQUEZ  
606-05-4563

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1099-G	Oregon Employment DE	780
W-2	TEKSYSTEMSINC	5,469
W-2	Nike INC	13,681

Total to Form 1040/1040-SR line 25d	19,930
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## 2024 CARRYFORWARD INFORMATION

DAVID C VASQUEZ  
606-05-4563

Keep for Your Records

Itemized Returns Only – 2023 state and local tax refund (this amount may not be taxable in 2024)	_____
Charitable contributions carryover to 2024	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2023 tax liability (for 2024 Form 2210 purposes)	18,775
Form 8839: 2022 carryover of unqualified expenses	_____
Refund amount applied to 2024	_____
Disallowed investment interest in 2023	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Mortgage interest credit from 2023	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2024 IRA contribution from 2023 tax refund	_____

NOL carryforward:		Regular Tax	AMT Tax				
from 2003	_____	from 2013	_____	from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____	from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____	from 2010	_____	from 2020	_____
from 2011	_____	from 2021	_____	from 2011	_____	from 2021	_____
from 2012	_____	from 2022	_____	from 2012	_____	from 2022	_____
Gross NOL generated in 2023	_____			Gross AMT NOL generated in 2023	_____		
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____		
Net carryforward from 2023	_____			Net carryforward from 2023	_____		
Total carryforward to 2024	_____			Total carryforward to 2024	_____		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2024 \_\_\_\_\_
- General Business Credit carryforward to 2024 \_\_\_\_\_
- First-Time Homebuyer Credit Repayment carryforward to 2024 \_\_\_\_\_
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2024.

## 2023 OREGON TWO YEAR COMPARISON

Taxpayer's Last and First Name  
DAVID C VASQUEZ

Taxpayer's SSN  
606-05-4563

	Tax Year 2023	Tax Year 2022	Difference
Filing status . . . . .	Single		
Residency status . . . . .	Resident		
Number of exemptions claimed . . . . .	1		
State Base Form Filed . . . . .	OR 40	OR 40	

### INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income . . . . .	119,580		119,580
Additions to Federal Income . . . . .			
Subtractions from Federal Income . . . . .	7,800		7,800
Oregon Income . . . . .	111,780		111,780
Itemized/Standard Deduction . . . . .	2,605		2,605
Taxable Income . . . . .	109,175		109,175

### TAX, CREDIT AND PAYMENTS:

Oregon Tax . . . . .	9,268		9,268
Exemption Credit . . . . .			
Other Credits . . . . .			
Net Tax . . . . .	9,268		9,268
Income Tax Withheld . . . . .	9,897		9,897
Estimated Tax Payments/PY Tax Refund Applied . . . . .			
Total Payments . . . . .	13,454		13,454

### REFUND OR BALANCE DUE

Balance Due . . . . .			
Underpayment Penalty . . . . .			
Other Penalties and Interests . . . . .			
Amount You Owe . . . . .			
Overpayment . . . . .	4,186		4,186
Overpayment Applied to Estimated Payments . . . . .			
Amount to be Refunded . . . . .	4,186		4,186

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

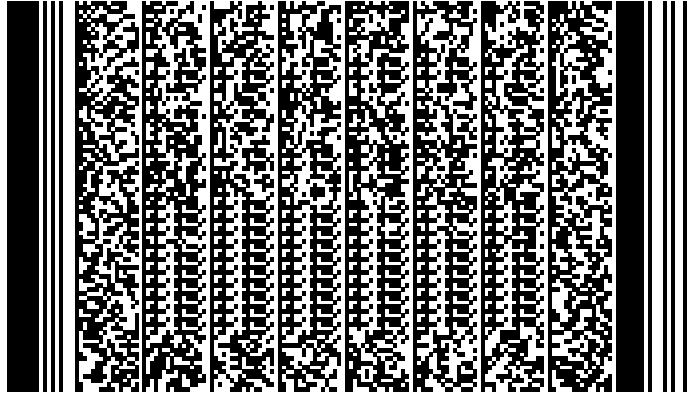
Oregon Department of Revenue

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

- ☐ Extension filed
- ☐ Form OR-24
- ☐ Form OR-243
- ☐ Federal Form 8379
- ☐ Federal Form 8886
- ☐ Disaster relief
- ☐ 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



First name

Initial

Date of birth (MM/DD/YYYY)

DAVID

C

12/03/1979

Last name

VASQUEZ

Social Security number (SSN)

606-05-4563

☐ 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

155 NW KINGS BLVD APT 648

City

State

ZIP code

CORVALLIS

OR

97330

Country

Phone

USA

925-818-1175

**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



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

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

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

Check boxes that apply: ☒ Regular ☐ Severely disabled ☐ Someone else can claim you as a dependent

6b. Credits for your spouse ..... 6b.

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 dependents ..... 6c.

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

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

1



# 2023 Form OR-40

Oregon Department of Revenue

Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

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, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions) ..... 7. 119,580.00
8. Total additions from Schedule OR-ASC, line A5 ..... 8.
9. Income after additions. Add lines 7 and 8 ..... 9. 119,580.00

## Subtractions

10. 2023 federal tax liability (see instructions) ..... 10. 7,800.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b ..... 11.
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. 7,800.00
15. Income after subtractions. Line 9 minus line 14 ..... 15. 111,780.00

## 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. 0.00
17. **Standard deduction.** Enter your standard deduction ..... 17. 2,605.00

**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. 2,605.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 109,175.00



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

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

**Oregon tax**

20. **Tax** (see instructions) ..... 20. 9,268.00

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. 9,268.00

**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. 9,268.00

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. 9,268.00

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

**Note: Reprint page 1 if you make changes to this page.****Payments and refundable credits**

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099** . . . . . 32. 9,897.00
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.
37. Oregon Kids Credit (see instructions) . . . . . 37.
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. 3,557.00
39. Total refundable credits from Schedule OR-ASC, line F7 . . . . . 39.
40. Total payments and refundable credits. Add lines 32 through 39 . . . . . 40. 13,454.00

**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. 4,186.00
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.

☐



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

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

4,186.00

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.

4,186.00

**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

123000220

153654725776

**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.

Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

**Note: Reprint page 1 if you make changes to this page.****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](http://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.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

VASQUEZ

606-05-4563

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

**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.



## 2023 OREGON FEDERAL TAX LIABILITY SUBTRACTION WORKSHEET

VASQUEZ  
606-05-4563

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1. Enter your federal tax liability .....	1.	<u>18,775</u>
2. Enter your federal excess advance premium credit .....	2.	<u>                    </u>
3. Line 1 minus line 2. (if less than -0- enter -0-). ....	3.	<u>18,775</u>
4. Enter the total of any other taxes (see instructions) .....	4.	<u>                    </u>
5. Add lines 3 and 4 .....	5.	<u>18,775</u>
6. Enter your federal American opportunity credit .....	6.	<u>                    </u>
7. Enter your total premium tax credit from Form 8962, line 24. ....	7.	<u>                    </u>
8. Line 6 plus line 7 .....	8.	<u>                    </u>
9. Line 5 minus line 8. (If less than \$0, enter \$0). ....	9.	<u>18,775</u>
10. Maximum subtraction amount from applicable Table .....	10.	<u>7,800</u>
11. Enter the smaller of line 9 or line 10 here and on Form 40; or Form 40N or 40P. ....	11.	<u>7,800</u>

## 2023 OREGON SURPLUS CREDIT WORKSHEET

VASQUEZ  
606-05-4563

Keep for Your Records

### Part A – Total personal income tax liability and kicker

Taxpayer / Joint (Part A only) Spouse

- |  |                                |                             |
|--|--------------------------------|-----------------------------|
| 1. Tax before credits reported on your prior year return.  | 1. <u>8,032</u>                | <u>                    </u> |
| 2. Credit for income taxes paid to another state reported as code 802 and 815 on your prior year Schedule OR-ASC or OR-ASC-NP. | 2. <u>                    </u> | <u>                    </u> |
| 3. Total prior year tax before credits and after income taxes paid to another state (subtract line 2 from line 1).             | 3. <u>8,032</u>                | <u>                    </u> |
| 4. Line 3 multiplied by 0.4428.  | 4. <u>3,557</u>                | <u>                    </u> |

### Part B – Prorated Kicker

- |   |                                |                             |
|---|--------------------------------|-----------------------------|
| 5. Federal AGI for prior year.                          | 5. <u>104,486</u>              | <u>                    </u> |
| 6. Taxpayers share of prior year AGI.                   | 6. <u>                    </u> | <u>                    </u> |
| 7. Line 6 divided by line 5. Round to 2 decimal places. | 7. <u>                    </u> | <u>                    </u> |
| 8. Line 4 times line 7. This is your prorated kicker.   | 8. <u>                    </u> | <u>                    </u> |

### Part C – Combined Kicker

- |  |                                 |                             |
|--|---------------------------------|-----------------------------|
| 9. Kicker amount from taxpayers Part A (or prorated Kicker if Part B completed). | 9. <u>                    </u>  | <u>3,557</u>                |
| 10. Kicker amount from spouses Part A (or prorated Kicker if Part B completed).  | 10. <u>                    </u> | <u>                    </u> |
| 11. Line 9 plus line 10. This is your combined kicker.                           | 11. <u>                    </u> | <u>3,557</u>                |