

SHALEESE L WRIGHT

[REDACTED]
[REDACTED]
MARCH 7, 2024

To Whom it May Concern,

Please find enclosed my Oregon Individual Tax Return for the year 2023. You will find (one) Form OR-40 and (one) Form 4852, which serves to rebut and correct erroneous information on documents known to have been submitted to the Oregon Department of Revenue by the "Payer" listed on Line 5 of Form 4852.

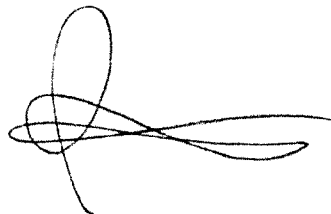
"Payer" erroneously alleges that I, "Recipient", received payments from "Payer" in the course of or connected to a "Trade or Business", Federal or Federally connected employment, investment, or other Federal taxable activities.

At no time during the 2023 tax year did I, Shaleese L Wright, work in an occupation that would meet the definition of an "Employee" as defined in *26 USC 3401(c)*. Any payments made to me were purely private in nature. They do not constitute any taxable income under relevant Income Tax Law, specifically *Section 3401(a) and Section 3121 (a) of IRC Title 26*.

I hereby request a full refund of all State tax withheld during the calendar year of 2023, totaling \$1,207.

Under penalty of perjury, I declare these statements and documents are correct and complete to the best of my knowledge and accuracy.

Sincerely,
Shaleese L Wright



3/7/24

2023 Form OR-40-N

Oregon Department of Revenue

Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%) • Don't submit photocopies or use staples.

Last name

Wright

SSN



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

Exemptions

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

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.



2023 Form OR-40-N

Oregon Department of Revenue

Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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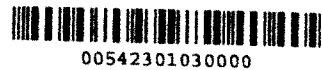
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| Income | Federal column (F) | Oregon column (S) |
|---|--------------------|-------------------|
| 7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2. | | |
| 7F. | 0 0 0 | 7S. 0 0 0 |
| 8. Interest income from Form 1040 or 1040-SR, line 2b. | | |
| 8F. | 0 0 | 8S. 0 0 |
| 9. Dividend income from Form 1040 or 1040-SR, line 3b. | | |
| 9F. | 0 0 | 9S. 0 0 |
| 10. State and local income tax refunds from federal Schedule 1, line 1. | | |
| 10F. | 0 0 | 10S. 0 0 |
| 11. Alimony received from federal Schedule 1, line 2a. | | |
| 11F. | 0 0 | 11S. 0 0 |
| 12. Business income or loss from federal Schedule 1, line 3. | | |
| 12F. | 0 0 | 12S. 0 0 |
| 13. Capital gain or loss from Form 1040 or 1040-SR, line 7. | | |
| 13F. | 0 0 | 13S. 0 0 |
| 14. Other gains or losses from federal Schedule 1, line 4. | | |
| 14F. | 0 0 | 14S. 0 0 |
| 15. IRA distributions from Form 1040 or 1040-SR, line 4b. | | |
| 15F. | 0 0 | 15S. 0 0 |



2023 Form OR-40-N

Oregon Department of Revenue

Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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| | Federal column (F) | | Oregon column (S) |
|--|--------------------|------|-------------------|
| 16. Pensions and annuities from Form 1040 or 1040-SR, line 5b. | | | |
| 16F. | 0 0 | 16S. | 0 0 |
| 17. Schedule E income or loss from federal Schedule 1, line 5. | | | |
| 17F. | 0 0 | 17S. | 0 0 |
| 18. Farm income or loss from federal Schedule 1, line 6. | | | |
| 18F. | 0 0 | 18S. | 0 0 |
| 19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9. | | | |
| 19F. | 0 0 | 19S. | 0 0 |
| 20. Total income. Add lines 7 through 19. | | | |
| 20F. | 0 0 0 | 20S. | 0 0 0 |

Adjustments

| | | | |
|--|-----|------|-----|
| 21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20. | | | |
| 21F. | 0 0 | 21S. | 0 0 |
| 22. Education deductions from federal Schedule 1, lines 11 and 21. | | | |
| 22F. | 0 0 | 22S. | 0 0 |
| 23. Moving expenses from federal Schedule 1, line 14. | | | |
| 23F. | 0 0 | 23S. | 0 0 |



2023 Form OR-40-N

Oregon Department of Revenue

Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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| | Federal column (F) | | | Oregon column (S) | | |
|--|--------------------|---|------|-------------------|---|--|
| 24. Deduction for self-employment tax from federal Schedule 1, line 15. | | | | | | |
| 24F. | 0 | 0 | 24S. | 0 | 0 | |
| 25. Self-employed health insurance deduction from federal Schedule 1, line 17. | | | | | | |
| 25F. | 0 | 0 | 25S. | 0 | 0 | |
| 26. Alimony paid from federal Schedule 1, line 19a. | | | | | | |
| 26F. | 0 | 0 | 26S. | 0 | 0 | |
| 27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column. | | | | | | |
| 27F. | 0 | 0 | 27S. | 0 | 0 | |
| 28. Total adjustments. Add lines 21 through 27. | | | | | | |
| 28F. | 0 | 0 | 28S. | 0 | 0 | |
| 29. Income after adjustments. Line 20 minus line 28. | | | | | | |
| 29F. | 0 | 0 | 29S. | 0 | 0 | |

Additions

| | | | | | |
|--|---|---|------|---|---|
| 30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column. | | | | | |
| 30F. | 0 | 0 | 30S. | 0 | 0 |
| 31. Income after additions. Add lines 29 and 30. | | | | | |
| 31F. | 0 | 0 | 31S. | 0 | 0 |



2023 Form OR-40-N

Oregon Department of Revenue

Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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| Subtractions | Federal column (F) | Oregon column (S) | | | |
|---|--------------------|-------------------------------|----------------------------------|------------------------------------|--------------------------|
| 32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F. | 0 0 | | | | |
| 32F. | | | | | |
| 33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column. | 0 0 0 | 0 0 0 | | | |
| 33F. | | 33S. | | | |
| 34. Income after subtractions. Line 31 minus lines 32 and 33. | 0 0 0 | 0 0 0 | | | |
| 34F. | | 34S. | | | |
| 35. Oregon percentage (see instructions; not more than 100.0%)..... | 35. | % | | | |
| Deductions and modifications | | | | | |
| 36. Amount from line 34S..... | | 0 0 0 | | | |
| 36. | | | | | |
| 37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... | | 0 0 | | | |
| 37. | | | | | |
| 38. Standard deduction. Enter your standard deduction..... | | 2 6 0 5 0 0 | | | |
| 38. | | | | | |
| You were: | 38a. 65 or older | 38b. Blind | Your spouse was: | 38c. 65 or older | 38d. 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 |
| <small>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.</small> | | | | | |
| 39. Enter the larger of line 37 or 38..... | | | | 2 6 0 5 | 0 0 |
| 39. | | | | | |
| 40. 2023 federal tax liability (see instructions)..... | | | | | 0 0 |
| 40. | | | | | |
| 41. Total modifications from Schedule OR-ASC-NP, line D7..... | | | | | 0 0 |
| 41. | | | | | |
| 42. Deductions and modifications multiplied by the Oregon percentage (see instructions)..... | | | | | 0 0 |
| 42. | | | | | |



2023 Form OR-40-N

Oregon Department of Revenue

Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Deductions and modifications (continued)

| | | | |
|--|-----|---|-----|
| 43. Charitable art donation (see instructions)..... | 43. | 0 | 0 |
| 44. Total deductions and modifications. Add lines 42 and 43..... | 44. | 0 | 0 |
| 45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0..... | 45. | 0 | 0 0 |

Oregon tax

| | | | |
|---|--------------------|-------------------------|-----|
| 46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... | 46. | 0 | 0 0 |
| 46a. Schedule OR-FIA-40-N | 46b. Worksheet FCG | 46c. Schedule OR-PTE-NR | |
| 47. Interest on certain installment sales..... | 47. | 0 | 0 |
| 48. Total tax recaptures from Schedule OR-ASC-NP, line E5..... | 48. | 0 | 0 |
| 49. Total additions to tax. Line 47 plus line 48..... | 49. | 0 | 0 |
| 50. Total tax before credits. Add lines 46 and 49..... | 50. | 0 | 0 0 |

Standard and carryforward credits

| | | | |
|--|-----|---|-----|
| 51. Exemption credit (see instructions)..... | 51. | 0 | 0 |
| 52. Total standard credits from Schedule OR-ASC-NP, line F16..... | 52. | 0 | 0 |
| 53. Total standard credits. Add lines 51 and 52..... | 53. | 0 | 0 |
| 54. Tax minus standard credits. Line 50 minus line 53. If line 53 is more than line 50, enter 0..... | 54. | 0 | 0 0 |
| 55. Total carryforward credits used this year from Schedule OR-ASC-NP, line G9. Line 55 can't be more than line 54 (see Schedule OR-ASC and OR-ASC-NP Instructions)..... | 55. | 0 | 0 |



2023 Form OR-40-N

Oregon Department of Revenue

Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Standard and carryforward credits (continued)

56. Tax after standard and carryforward credits. Line 54 minus line 55 56. 0 0 0

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 57. 1 2 0 7 0 0

58. Amount applied from your prior year's tax refund 58. 0 0

59. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment or tax withheld from real estate transactions. Do not include the amount you already reported on line 58 59. 0 0 0

60. Tax payments from a pass-through entity 60. 0 0

61. Earned income credit (see instructions) 61. 0 0

62. Oregon Kids Credit (see instructions) 62. 0 0

63. 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 79 63. 0 0

64. Total refundable credits from Schedule OR-ASC-NP, line H7 64. 0 0

65. Total payments and refundable credits. Add lines 57 through 64 65. 1 2 0 7 0 0

Tax to pay or refund

66. Overpayment of tax. If line 56 is less than line 65, you overpaid. Line 65 minus line 56 66. 1 2 0 7 0 0

67. Net tax. If line 56 is more than line 65, you have tax to pay. Line 56 minus line 65 67. 0 0

68. Penalty and interest for filing or paying late (see instructions) 68. 0 0



2023 Form OR-40-N

Oregon Department of Revenue

Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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| | | | |
|---|---------------------------------|---------|-----|
| 69. Interest on underpayment of estimated tax. Include Form OR-10 | 69. | 0 | 0 |
| Exception number from Form OR-10, line 1: 69a. Check box if you annualized: 69b. | | | |
| 70. Total penalty and interest due. Add lines 68 and 69 | 70. | 0 | 0 0 |
| 71. Net tax including penalty and interest. | | | |
| Line 67 plus line 70 | This is the amount you owe. 71. | | 0 0 |
| 72. Overpayment less penalty and interest. | | | |
| Line 66 minus line 70 | This is your refund. 72. | 1 2 0 7 | 0 0 |
| 73. Estimated tax. Fill in the portion of line 72 you want applied to your open estimated tax account | 73. | | 0 0 |
| 74. Charitable checkoff donations from Schedule OR-DONATE, line 30 | 74. | | 0 0 |
| 75. Oregon 529 college savings plan deposits from Schedule OR-529, line 6 | 75. | | 0 0 |
| 76. Total. Add lines 73 through 75. The total can't be more than your refund on line 72. | 76. | | 0 0 |
| 77. Net refund. Line 72 minus line 76 | This is your net refund. 77. | 1 2 0 7 | 0 0 |

Direct deposit

78. 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

[Redacted Routing Number]

[Redacted Account Number]

Kicker donation

79. If you elect to donate your kicker to the State School Fund, check this box. 79a.

Complete the kicker worksheet in the instructions and enter the amount here. This election is irrevocable. 79b.

0 0



2023 Form OR-40-N

Oregon Department of Revenue

Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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SSN

[Redacted SSN]

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

[Handwritten signature]

X

Date (MM/DD/YYYY)

[Redacted date]

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 70)

- Online: www.oregon.gov/dor.
- By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. If you include 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.



2023 Form OR-40-N

Oregon Department of Revenue

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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.



Form **4852**

(Rev. September 2020)

Department of the Treasury
Internal Revenue Service

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 04

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

| | |
|---|--|
| 1 Name(s) shown on return SHALEESE L WRIGHT | 2 Your social security number [REDACTED] |
|---|--|

3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2023.
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

| | |
|--|---|
| 5 Employer's or payer's name, address, and ZIP code CP EUGENE LLC 440 COBURG ROAD SUITE 100 EUGENE OR 97401 | 6 Employer's or payer's TIN (if known) [REDACTED] |
|--|---|

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

| | | | |
|---------------------------------------|--------|--------------------------------|---------|
| a Wages, tips, and other compensation | 0 | f State income tax withheld | 1206.94 |
| b Social security wages | 0 | (Name of state) Oregon | |
| c Medicare wages and tips | 0 | g Local income tax withheld | |
| d Social security tips | | (Name of locality) | |
| e Federal income tax withheld | 996.73 | h Social security tax withheld | 1032.80 |
| | | i Medicare tax withheld | 241.54 |

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

| | | | |
|--------------------------------------|--------------------------|-------------------------------|--|
| a Gross distribution | | f Federal income tax withheld | |
| b Taxable amount | | g State income tax withheld | |
| c Taxable amount not determined | <input type="checkbox"/> | (Name of state) | |
| d Total distribution | <input type="checkbox"/> | h Local income tax withheld | |
| e Capital gain (included on line 8b) | | (Name of locality) | |
| | | i Employee contributions | |
| | | j Distribution codes | |

9 How did you determine the amounts on lines 7 and 8 above?
Lines 7(a)(b)(c) are corrected as I did not receive any "wages" as defined in 26 USC sections 3401(a) and 3121(a). I was not involved in any Federally privileged activities. Lines 7(h)(i) are corrected and shall be credited as per 26 USC section 3503

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.