

**OREGON
INDIVIDUAL
INCOME TAX
RETURN**

Form
40P
PART-YEAR RESIDENTS

1995

For office use only		
Date received		
Penalty date	Payment amount	

Fiscal year ending

USE LABEL Otherwise, please print or type.	Last name		First name and initial		Social Security number (SSN)		Your Age	
	Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Spouse's SSN, if joint return		Spouse's Age	
	Current mailing address _____ Place label here						Telephone number	
	City		State	ZIP Code		If you filed a return in 1994 and this address is different, check here → <input type="checkbox"/>		

Did you file an Oregon income tax return for 1994?
 YES NO If No, give reason: _____

Oregon resident
 From Mo / Day / Year To Mo / Day / Year

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions Regular Severely disabled 6a Yourself <input type="checkbox"/> <input type="checkbox"/> Total 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6a 6c All dependents ● c 6d Disabled children only (First names) ● d Total ● e
	2 <input type="checkbox"/> Married filing jointly	
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name)	
	4 <input type="checkbox"/> Head of household _____ (Spouse's Social Security number)	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child _____ (Person who qualifies you)	

7 Check if: You were 65 or older Blind Spouse was 65 or older Blind

For office use only		
1	2	3

Extension Filed

INCOME		Federal column	Oregon column
8 Wages, salaries and other pay for work. Staple all W-2 wage slips below	8		
9 Taxable interest income 9a _____ plus dividend income 9b	9		
10 State and local income tax refunds	10		
11 Alimony received	11		
12 Business income or loss from federal Schedule C or C-EZ	12		
13 Capital gain or loss from federal Form 1040, line 13	13		
14 Other gains or losses from federal Form 4797	14		
15 Total IRA distributions. From federal Form 1040, line 15b	15		
16 Pensions and annuities. From federal Form 1040, line 16b	16		
17 Rents, royalties, partnerships, etc., from federal Schedule E	17		
18 Farm income or loss from federal Schedule F	18		
19 Unemployment compensation and other taxable income from federal return	19		
20 Total income. Add lines 8 through 19	20a		● 20b
ADJUSTMENTS TO INCOME			
21 Your IRA and Keogh contribution	21		
22 Spouse's IRA and Keogh contribution	22		
23 Moving expense	23		
24 Deduction for self-employment tax	24		
25 Self-employed health insurance deduction	25		
26 Interest penalty on early withdrawal of savings	26		
27 Alimony paid	27		
28 Total adjustments to income. Add lines 21 through 27	28		
29 Income after adjustments. Line 20 minus line 28	29a		● 29b
ADDITION			
30 Interest on government bonds of states other than Oregon	● 30		
31 Federal election on interest and dividends of a minor child	● 31		
32 Other additions. Identify _____	● 32		
33 Total additions. Add lines 30 through 32	33a		● 33b
34 Income after additions. Line 29 plus line 33	34a		● 34b

Staple W-2 and 1099 forms here

Mail tax-to-pay returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940	Mail refund returns and no tax due returns to: REFUND, PO Box 14700, Salem OR 97309-0930
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	Federal column	Oregon column
35 Amount from front of form, line 34		
SUBTRACTIONS		
36 Social Security included on line 19		
37 Other subtractions. Identify _____		
38 Income after subtractions. Line 35 minus line 36 and 37		
39 Oregon percentage. Line 38b divided by line 38a (not more than 100%)		
40 Amount from line 38a (federal amount)		
DEDUCTIONS AND MODIFICATIONS		
41 Itemized deductions from federal Schedule A , line 28		} EITHER, NOT BOTH
42 State income tax claimed as an itemized deduction. See instructions, page 28		
43 Net Oregon itemized deductions. Line 41 minus line 42		
44 Standard deduction from page 28		
45 1995 federal tax (\$0 - \$3,000, see instructions for the correct amount)		
46 Other deductions and modifications. Identify _____		} ADD TOGETHER
47 Total. Add lines 44 through 46 or lines 43, 45, and 46		
48 Net amount. Line 40 minus line 47		
OREGON TAX		
49 Tax on amount shown on line 48. See page 29		} ADD TOGETHER
50 Oregon income tax. Multiply line 49 by Oregon percentage from line 39		
51 Interest on certain installment sales		
52 Total Oregon income tax. Add lines 50 and 51		
CREDITS		
53 Exemption credit. Line 6e X \$120 X Oregon percentage from line 39		} ADD TOGETHER
54 Retirement income credit		
55 Child and dependent care credit. See instructions, page 29		
56 Political contribution credit		
57 Credit for income tax paid to another state. Attach proof		
58 Other credits. Identify _____		} ADD TOGETHER
59 Total credits. Add lines 53 through 58		
60 Net income tax. Line 52 minus line 59. If line 59 is more than line 52 fill in -0-		
TAX PAYMENTS MADE IN 1995		
61 Oregon income tax withheld from income. Attach W-2 and 1099R forms		} ADD TOGETHER
62 Estimated tax payments for 1995 and payments made with your extension		
63 Total payments. Add lines 61 and 62		
64 Overpayment. Is line 60 less than line 63? If so, line 63 minus line 60		
65 Tax-to-pay. Is line 60 more than line 63? If so, line 60 minus line 63		
66 Penalty and interest for filing or paying late		
67 Interest on estimated tax underpayment. If Form 10 is attached, check <input type="checkbox"/>		
68 Total penalty and interest due. Add lines 66 and 67		
69 Amount-you-owe. Add lines 65 and 68		
70 Refund. Is line 64 more than line 68? If so, line 64 minus line 68		
71 Estimated tax. Fill in the part of line 70 you want applied to your 1996 estimated tax		
I wish to donate part of my refund, line 70, to the following fund(s):		
72 Oregon Nongame Wildlife <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____		} These will reduce your refund
73 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____		
74 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____		
75 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____		
76 AIDS/HIV Education & Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____		
77 Total. Add lines 71 through 76. Total can't be more than the refund on line 70		
78 Net refund. Line 70 minus line 77. This is your net refund		

Attach copy of federal Form 1040, 1040A, 1040EZ or 1040PC. Don't include Schedules A, B, C or 2441 etc.

150-101-055 (Rev. 9-95)

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

**SIGN
HERE**

→ Your signature _____ Date _____
 → Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____

Signature of preparer other than taxpayer _____ License No. _____
 Address _____