



Oregon Individual Income Tax Return

Form 40P 2000

PART-YEAR RESIDENT

For office use only	
Date received	

Oregon resident: From Mo / Day / Year To Mo / Day / Year **Fiscal year ending**

Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth year		For office use only	
Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Enter spouse's SSN, if joint return - -		Spouse's birth year		1	
Current mailing address				Telephone number ()				2	
City		State	ZIP code		If you filed a return in 1999, and this address is different, check here <input type="checkbox"/>			3	

Filing Status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly 3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number) 4 <input type="checkbox"/> Head of household _____ (Person who qualifies you) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child		Exemptions Regular Severely disabled 6a Yourself <input type="text"/> <input type="text"/> Total 6a <input type="text"/> 6b Spouse <input type="text"/> <input type="text"/> b <input type="text"/> 6c All dependents _____ (First names) • c <input type="text"/> 6d Disabled children only _____ (First names) • d <input type="text"/> Total • 6e <input type="text"/>	
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7 Check if: **You were:** • 65 or older • Blind
Spouse was: • 65 or older • Blind
Check if you filed an extension **Check here to donate your kicker refund to the School Fund** •

Staple W-2 and 1099 forms showing Oregon withholding here

		Federal column	Oregon column
INCOME			
8 Wages, salaries, and other pay for work. Staple all Forms W-2 below	8	<input type="text"/>	<input type="text"/>
9 Taxable interest income 9a _____ plus dividend income 9b	9	<input type="text"/>	<input type="text"/>
10 State and local income tax refunds from federal Form 1040, line 10	10	<input type="text"/>	<input type="text"/>
11 Alimony received from federal Form 1040, line 11	11	<input type="text"/>	<input type="text"/>
12 Business income or loss from federal Form 1040, line 12	12	<input type="text"/>	<input type="text"/>
13 Capital gain or loss from federal Form 1040, line 13	13	<input type="text"/>	<input type="text"/>
14 Other gains or losses from federal Form 1040, line 14	14	<input type="text"/>	<input type="text"/>
15 IRA distributions from federal Form 1040, line 15b	15	<input type="text"/>	<input type="text"/>
16 Pensions and annuities from federal Form 1040, line 16b	16	<input type="text"/>	<input type="text"/>
17 Rents, royalties, partnerships, etc., from federal Form 1040, line 17	17	<input type="text"/>	<input type="text"/>
18 Farm income or loss from federal Form 1040, line 18	18	<input type="text"/>	<input type="text"/>
19 Unemployment and other income from federal Form 1040, lines 19 through 21	19	<input type="text"/>	<input type="text"/>
20 Total income. Add lines 8 through 19	20a	<input type="text"/>	• 20b <input type="text"/>
ADJUSTMENTS TO INCOME			
21 IRA and Keogh contribution from federal Form 1040, lines 23 and 29	21	<input type="text"/>	<input type="text"/>
22 Student loan interest deduction from federal form 1040, line 24	22	<input type="text"/>	<input type="text"/>
23 Medical savings account deduction from federal Form 1040, line 25	23	<input type="text"/>	<input type="text"/>
24 Moving expense from federal Form 1040, line 26	24	<input type="text"/>	<input type="text"/>
25 Deduction for self-employment tax from federal Form 1040, line 27	25	<input type="text"/>	<input type="text"/>
26 Self-employed health insurance deduction from federal Form 1040, line 28	26	<input type="text"/>	<input type="text"/>
27 Penalty on early withdrawal of savings from federal Form 1040, line 30	27	<input type="text"/>	<input type="text"/>
28 Alimony paid from federal Form 1040, line 31a	28	<input type="text"/>	<input type="text"/>
29 Total adjustments to income. Add lines 21 through 28	29	<input type="text"/>	<input type="text"/>
30 Income after adjustments. Line 20 minus line 29	30a	<input type="text"/>	• 30b <input type="text"/>
ADDITIONS			
31 Interest on government bonds of states other than Oregon	• 31	<input type="text"/>	<input type="text"/>
32 Federal election on interest and dividends of a minor child	• 32	<input type="text"/>	<input type="text"/>
33 Other additions. Identify _____	• 33	<input type="text"/>	<input type="text"/>
34 Total additions. Add lines 31 through 33	34a	<input type="text"/>	• 34b <input type="text"/>
35 Income after additions. Add lines 30 and 34	35a	<input type="text"/>	• 35b <input type="text"/>

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
36 Amount from front of form, line 35	36	<table border="1" style="width:100%; height:20px;"></table>	<table border="1" style="width:100%; height:20px;"></table>
SUBTRACTIONS			
37 Social Security and tier 1 railroad retirement income included on line 19	● 37	<table border="1" style="width:100%; height:20px;"></table>	<table border="1" style="width:100%; height:20px; background-color: #cccccc;"></table>
38 Other subtractions. Identify	● 38a	<table border="1" style="width:100%; height:20px;"></table>	<table border="1" style="width:100%; height:20px;"></table>
39 Income after subtractions. Line 36 minus line 37 and 38	39a	<table border="1" style="width:100%; height:20px;"></table>	<table border="1" style="width:100%; height:20px;"></table>
40 Oregon percentage. Line 39b divided by line 39a (not more than 100%)	40	<table border="1" style="width:100%; height:20px;"></table> %	
41 Amount from line 39a (federal amount)			41
DEDUCTIONS AND MODIFICATIONS			
42 Itemized deductions from federal Schedule A , line 28	● 42		EITHER, NOT BOTH
43 State income tax claimed as an itemized deduction. See instructions, page 24	● 43		
44 Net Oregon itemized deductions. Line 42 minus line 43	44		
45 Standard deduction from page 25	45		
46 2000 federal tax (\$0 – \$3,000, see instructions for the correct amount)	● 46		
47 Other deductions and modifications. Identify	● 47		
48 Total. Add lines 45, 46, and 47 or lines 44, 46, and 47. Fill in the larger amount			48
49 Taxable income. Line 41 minus line 48	●		● 49
OREGON TAX			
50 Tax on amount shown on line 49. See page 25	50	<table border="1" style="width:100%; height:20px;"></table>	
51 Oregon income tax. Line 50 X Oregon percentage from line 40	● 51	<table border="1" style="width:100%; height:20px;"></table>	ADD TOGETHER
52 Interest on certain installment sales	● 52	<table border="1" style="width:100%; height:20px;"></table>	
53 Total Oregon income tax. Add lines 51 and 52			53
CREDITS			
54 Exemption credit. Line 6e X \$139 X Oregon percentage from line 40	54		ADD TOGETHER
55 Earned income credit. See instructions, page 26	● 55		
56 Working family credit. See instructions, page 26	● 56		
57 Retirement income credit. See instructions, page 28	● 57		
58 Child and dependent care credit. See instructions, page 20	● 58		
59 Credit for income taxes paid to another state. Attach proof	● 59		
60 Other credits. Identify	● 60		
61 Total credits. Add lines 54 through 60			61
62 Net income tax. Line 53 minus line 61. If line 61 is more than line 53 fill in -0-	●		● 62
TAX PAYMENTS, PENALTY & INTEREST			
63 Oregon income tax withheld from income. Attach Forms W-2 and 1099	● 63	<table border="1" style="width:100%; height:20px;"></table>	ADD TOGETHER
64 Estimated tax payments for 2000 and payments made with your extension	● 64	<table border="1" style="width:100%; height:20px;"></table>	
65 Total payments. Add lines 63 and 64			65
66 Overpayment. Is line 62 less than line 65? If so, line 65 minus line 62	● OVERPAYMENT		● 66
67 Tax-to-pay. Is line 62 more than line 65? If so, line 62 minus line 65	● TAX-TO-PAY		● 67
68 Penalty and interest for filing or paying late. See instructions on page 21	● 68	<table border="1" style="width:100%; height:20px;"></table>	ADD TOGETHER
69 Interest on estimated tax underpayment. If Form 10 is attached, check <input type="checkbox"/>	● 69	<table border="1" style="width:100%; height:20px;"></table>	
70 Total penalty and interest due. Add lines 68 and 69			70
71 Amount-you-owe. Add lines 67 and 70	Stop here!	AMOUNT-YOU-OWE	71
72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70	REFUND		72
73 Estimated tax. Fill in the part of line 72 you want applied to your 2001 estimated tax	● 73	<table border="1" style="width:100%; height:20px;"></table>	These will reduce your refund
I wish to donate part of my refund, line 72, to the following fund(s):			
74 Oregon Nongame Wildlife	● 74	<table border="1" style="width:100%; height:20px;"></table>	
75 Child Abuse Prevention	● 75	<table border="1" style="width:100%; height:20px;"></table>	
76 Alzheimer's Disease Research	● 76	<table border="1" style="width:100%; height:20px;"></table>	
77 Stop Domestic & Sexual Violence	● 77	<table border="1" style="width:100%; height:20px;"></table>	
78 AIDS/HIV Education & Services ...	● 78	<table border="1" style="width:100%; height:20px;"></table>	
79 Other charity. Enter code ●	● 79	<table border="1" style="width:100%; height:20px;"></table>	
80 Total. Add lines 73 through 79. Total can't be more than the refund on line 72			80
81 Net refund. Line 72 minus line 80. This is your net refund			81

Attach a Copy of Federal Form 1040, 1040A, or 1040EZ. Do Not Attach Other Federal Schedules.

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

SIGN HERE	Your signature	Date	Signature of preparer other than taxpayer	License No.
	Spouse's signature (If filing jointly, BOTH must sign even if only one had income)		Address	