

2017 Form OR-40



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| Office use only | |
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Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

| | |
|---|---|
| Fiscal year ending: <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> | Space for 2-D barcode—do not write in box below |
| <input type="checkbox"/> Amended return. If amending for an NOL, tax year the NOL was generated: <input style="width: 50px;" type="text"/> <input type="checkbox"/> Calculated using "as if" federal return. | |
| <input type="checkbox"/> Short year tax election. | |
| <input type="checkbox"/> Extension filed. | |
| <input type="checkbox"/> Form OR-24. | |

| | | | | | |
|---------------------------------|--------------------|-----------------------------------|----------------------------|---|---|
| First name and initial | Last name | <input type="checkbox"/> Deceased | Social Security no. (SSN) | <input type="checkbox"/> First time using this SSN (see instructions) | <input type="checkbox"/> Applied for ITIN |
| Spouse's first name and 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 | | | Date of birth (mm/dd/yyyy) | Spouse's date of birth | |
| City | State | ZIP code | Country | Phone () - | |

Filing status (check only **one** box)

1. Single.
2. Married filing jointly.
3. Married filing separately (enter spouse's information **above**).
4. Head of household (with qualifying dependent).
5. Qualifying widow(er) with dependent child.

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. Total

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b.

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—Please see instructions to determine the appropriate code.

| | |
|--|---|
| 6c. Total number of dependents | 6c. <input style="width: 40px;" type="text"/> |
| 6d. Total number of dependent children with a qualifying disability (see instructions) | 6d. <input style="width: 40px;" type="text"/> |
| 6e. Total exemptions. Add 6a through 6d | Total 6e. <input style="width: 40px;" type="text"/> |

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Name SSN

Taxable income

Table with 3 columns: Line number, Description, Amount. Lines 7-9.

Subtractions

Table with 3 columns: Line number, Description, Amount. Lines 10-15.

Deductions

Table with 3 columns: Line number, Description, Amount. Lines 16-19.

You were: 19a. [] 65 or older 19b. [] Blind Your spouse was: 19c. [] 65 or older 19d. [] Blind

Table with 3 columns: Line number, Description, Amount. Lines 20-21.

Oregon tax

Table with 3 columns: Line number, Description, Amount. Lines 22-23.

Table with 3 columns: Line number, Description, Amount. Lines 23-24.

Standard and carryforward credits

Table with 3 columns: Line number, Description, Amount. Lines 25-31.

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Name SSN

Payments and refundable credits

Table with 2 columns: Description (lines 32-38) and Amount. Includes Oregon income tax withheld, tax refund, estimated tax payments, earned income credit, and Oregon surplus credit.

Tax to pay or refund

Table with 2 columns: Description (lines 39-42) and Amount. Includes overpayment of tax, net tax, penalty and interest, and interest on underpayment.

Exception number from Form OR-10, line 1: 42a. [] Check box if you annualized: 42b. []

Table with 2 columns: Description (lines 43-51) and Amount. Includes total penalty and interest, net tax including penalty and interest, overpayment less penalty and interest, estimated tax, charitable checkoff donations, political party checkoff, and total Oregon 529 College Savings Plan deposits.

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: []

Type of account: [] Checking or [] Savings

Routing number: []

Account number: []

Surplus credit donation

53. Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box: 53a. []

Write the amount from line 7 of the surplus credit worksheet here. This election is irrevocable.....53b. []

