

Amended Return

Form

40P

OREGON

Individual Income Tax Return
FOR PART-YEAR RESIDENTS

2013

For office use only

Oregon resident:

mm dd yyyy To mm dd yyyy

Fiscal year ending

K F P J

W

Last name	First name and initial <input type="checkbox"/> Deceased	Social Security No. (SSN) - -	Date of birth (mm/dd/yyyy)
Spouse's/RDP's last name if joint return	Spouse's/RDP's first name and initial if joint return <input type="checkbox"/> Deceased	Spouse's/RDP's SSN if joint return - -	Date of birth (mm/dd/yyyy)

Current mailing address			Telephone number ()
City	State	ZIP code	Country
If you filed a return last year, and your name or address is different, check here <input type="checkbox"/>			

Filing Status 1 <input type="checkbox"/> Single 2a <input type="checkbox"/> Married filing jointly 2b <input type="checkbox"/> Registered domestic partners (RDP) filing jointly 3a <input type="checkbox"/> Married filing separately: Spouse's name _____ Spouse's SSN _____ 3b <input type="checkbox"/> Registered domestic partner filing separately: Partner's name _____ Partner's SSN _____ 4 <input type="checkbox"/> Head of household: Person who qualifies you 5 <input type="checkbox"/> Qualifying widow(er) with dependent child	Exemptions <table border="1"> <tr> <td>6a Yourself Regular <input type="checkbox"/></td> <td>..... Severely disabled <input type="checkbox"/></td> <td>.....6a <input type="text"/></td> </tr> <tr> <td>6b Spouse/RDP ... Regular <input type="checkbox"/></td> <td>..... Severely disabled <input type="checkbox"/></td> <td>.....b <input type="text"/></td> </tr> <tr> <td>6c All dependents: First names _____</td> <td>..... c</td> <td><input type="text"/></td> </tr> <tr> <td>6d Disabled children only (see instructions)</td> <td>..... d</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">Total</td> <td>.....6e <input type="text"/></td> </tr> </table>	6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>6a <input type="text"/>	6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>b <input type="text"/>	6c All dependents: First names _____ c	<input type="text"/>	6d Disabled children only (see instructions) d	<input type="text"/>	Total	6e <input type="text"/>
6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>6a <input type="text"/>														
6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>b <input type="text"/>														
6c All dependents: First names _____ c	<input type="text"/>														
6d Disabled children only (see instructions) d	<input type="text"/>														
Total	6e <input type="text"/>														

Check all that apply ->	7a You were: Spouse/RDP was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	7b <input type="checkbox"/> You filed an extension	7c <input type="checkbox"/> You have filed federal Form 8886	7d <input type="checkbox"/> You filed Oregon Form 24
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			Federal column (F)	Oregon column (S)
INCOME	8 Wages, salaries, and other pay for work. Include all Forms W-2	8F	.00	8S .00
	9 Taxable interest income from federal Form 1040, line 8a.....	9F	.00	9S .00
	10 Dividend income from federal Form 1040, line 9a.....	10F	.00	10S .00
	11 State and local income tax refunds from federal Form 1040, line 10.....	11F	.00	11S .00
	12 Alimony received from federal Form 1040, line 11	12F	.00	12S .00
	13 Business income or loss from federal Form 1040, line 12.....	13F	.00	13S .00
	14 Capital gain or loss from federal Form 1040, line 13.....	14F	.00	14S .00
	15 Other gains or losses from federal Form 1040, line 14.....	15F	.00	15S .00
	16 IRA distributions from federal Form 1040, line 15b.....	16F	.00	16S .00
	17 Pensions and annuities from federal Form 1040, line 16b.....	17F	.00	17S .00
	18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17.....	18F	.00	18S .00
	19 Farm income or loss from federal Form 1040, line 18.....	19F	.00	19S .00
	20 Unemployment and other income from federal Form 1040, lines 19 through 21 ...	20F	.00	20S .00
	21 Total income. Add lines 8 through 20	21F	.00	21S .00
ADJUSTMENTS TO INCOME	22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32.....	22F	.00	22S .00
	23 Education deductions from federal Form 1040, lines 23, 33, and 34.....	23F	.00	23S .00
	24 Moving expenses from federal Form 1040, line 26.....	24F	.00	24S .00
	25 Deduction for self-employment tax from federal Form 1040, line 27	25F	.00	25S .00
	26 Self-employed health insurance deduction from federal Form 1040, line 29.....	26F	.00	26S .00
	27 Alimony paid from federal Form 1040, line 31a.....	27F	.00	27S .00
	28 Other adjustments to income. Identify: ●28x <input type="checkbox"/> ●28y \$ <input type="text"/> Schedule 28z <input type="checkbox"/> ●28F	28F	.00	28S .00
	29 Total adjustments to income. Add lines 22 through 28	29F	.00	29S .00
	30 Income after adjustments. Line 21 minus line 29	30F	.00	30S .00
ADDITIONS	31 Interest on state and local government bonds outside of Oregon	31F	.00	31S .00
	32 Federal election on interest and dividends of a minor child	32F	.00	32S .00
	33 Other additions. Identify: ●33x <input type="checkbox"/> ●33y \$ <input type="text"/> Schedule included 33z <input type="checkbox"/>	33F	.00	33S .00
	34 Total additions. Add lines 31 through 33	34F	.00	34S .00
	35 Income after additions. Add lines 30 and 34	35F	.00	35S .00
SUBTRACTIONS	36 Social Security and tier 1 Railroad Retirement Board benefits included on line 20F ..	36F	.00	
	37 Other subtractions. Identify: ●37x <input type="checkbox"/> ●37y \$ <input type="text"/> Schedule included 37z <input type="checkbox"/> ●37F	37F	.00	37S <input type="text"/>
	38 Income after subtractions. Line 35 minus lines 36 and 37	38F	.00	38S <input type="text"/>
	39 Oregon percentage. Line 38S ÷ line 38F (not more than 100.0%) ●39 <input type="text"/> %	39		<input type="text"/>

▲ Carry this amount to line 40

	40 Amount from front of form, line 38F (federal amount).....	40	.00	
DEDUCTIONS AND MODIFICATIONS	41 Itemized deductions from federal Schedule A, line 29	41	.00	
	42 State income tax claimed as itemized deduction	42	.00	
	43 Net Oregon itemized deductions. Line 41 minus line 42	43	.00	
	44 Standard deduction from page 26.....	44	.00	
	45 2013 federal tax liability (\$0-\$6,250; see instructions for the correct amount)....	45	.00	
	46 Other deductions and modifications. Identify: ●46x <input type="checkbox"/> ●46y \$ <input type="text"/> Schedule 46z <input type="checkbox"/> ●46	46	.00	
	47 Add lines 43, 45, and 46 if itemizing. Otherwise, add lines 44, 45, and 46	47	.00	
	48 Taxable income. Line 40 minus line 47	48	.00	
OREGON TAX	49 Tax from tax charts. 49a <input type="checkbox"/> See instructions, page 29	49	.00	
	50 Oregon income tax. Line 49 X Oregon percentage from line 39, or.....	50	.00	
	Check if tax is from: ● 50a <input type="checkbox"/> Form FIA-40P or ● 50b <input type="checkbox"/> Worksheet FCG			
	51 Interest on certain installment sales.....	51	.00	
	52 Total tax before credits. Add lines 50 and 51	OREGON TAX → 52	.00	
NONREFUNDABLE CREDITS	53 Exemption credit. See instructions, page 30	53	.00	
	54 Child and dependent care credit. See instructions, page 30.....	54	.00	
	55 Credit for income taxes paid to another state. State: ●55y <input type="checkbox"/> Schedule 55z <input type="checkbox"/> ●55	55	.00	
	56 Other credits. Identify: ●56x <input type="checkbox"/> ●56y \$ <input type="text"/> Schedule included 56z <input type="checkbox"/> ●56	56	.00	
	57 Total non-refundable credits. Add lines 53 through 56	57	.00	
	58 Net income tax. Line 52 minus line 57. If line 57 is more than line 52, enter -0-	58	.00	
PAYMENTS AND REFUNDABLE CREDITS	59 Oregon income tax withheld from income. Include Forms W-2 and 1099	59	.00	
	60 Estimated tax payments for 2013 and payments made with your extension	60	.00	
	●60a <input type="checkbox"/> Wolf depredation ●60b <input type="checkbox"/> Claim of right			
	61 Tax payments from pass-through entity and real estate transactions	61	.00	
	62 Earned income credit. See instructions, page 32	62	.00	
	63 Working family child care credit from WFC-N/P, line 21	63	.00	
	64 Mobile home park closure credit. Include Schedule MPC.....	64	.00	
	65 Total payments and refundable credits. Add lines 59 through 64	65	.00	
	66 Overpayment. Is line 58 less than line 65? If so, line 65 minus line 58	OVERPAYMENT → 66	.00	
	67 Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65	TAX TO PAY → 67	.00	
	68 Penalty and interest for filing or paying late. See instructions, page 33.....	68	.00	
	69 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/>	69	.00	
	Exception # from Form 10, line 1 ●69a <input type="checkbox"/> Check box if you annualized ●69b <input type="checkbox"/>			
	70 Total penalty and interest due. Add lines 68 and 69	70	.00	
	71 Amount you owe. Line 67 plus line 70	AMOUNT YOU OWE → 71	.00	
	72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70	REFUND → 72	.00	
CHARITABLE CHECKOFF DONATIONS, PAGE 34 <i>I want to donate part of my tax refund to the following fund(s)</i>	73 Estimated tax. Fill in the part of line 72 you want applied to 2014 estimated tax ●73	73	.00	
	American Diabetes Assoc. ●74	.00	Oregon Coast Aquarium ●75	.00
	SMART ●76	.00	SOLV ●77	.00
	The Nature Conservancy ●78	.00	St. Vincent DePaul Soc. of OR ●79	.00
	Oregon Humane Society ●80	.00	The Salvation Army ●81	.00
	Doernbecher Children's Hosp. ●82	.00	Oregon Veteran's Home ●83	.00
	Charity code ●84a <input type="checkbox"/> ●84b <input type="checkbox"/>	.00	Charity code ●85a <input type="checkbox"/> ●85b <input type="checkbox"/>	.00
				.00
		86 Total Oregon 529 College Savings Plan deposits. See instructions, page 34	86	.00
		87 Total. Add lines 73 through 86. Total can't be more than your refund on line 72	87	.00
	88 NET REFUND. Line 72 minus line 87. This is your net refund	NET REFUND → 88	.00	

DIRECT DEPOSIT 89 For direct deposit of your refund, see instructions, page 34. ● Type of account: Checking or Savings

● Routing No. ● Account No.

Will this refund go to an account outside the United States? ● Yes

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date	Signature of preparer other than taxpayer	● Preparer license no.
X		X	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)	Date	Address	Telephone no.
X			