

Amended Return

Form

40P

OREGON

Individual Income Tax Return  
FOR PART-YEAR RESIDENTS

2014

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  Single

2a  Married filing jointly

2b  Registered domestic partners (RDP) filing jointly

3a  Married filing separately:  
Spouse's name \_\_\_\_\_ Spouse's SSN \_\_\_\_\_

3b  Registered domestic partner filing separately:  
Partner's name \_\_\_\_\_ Partner's SSN \_\_\_\_\_

4  Head of household: Person who qualifies you \_\_\_\_\_

5  Qualifying widow(er) with dependent child

**Exemptions**

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"/>	
<b>Total</b> • 6e		<input type="text"/>

Check all that apply ->

**7a You were:**  65 or older  Blind  
**Spouse/RDP was:**  65 or older  Blind

**7b**  You filed an extension

**7c**  You have federal Form 8886

**7d**  You filed Oregon Form 24

			Federal column (F)	Oregon column (S)
<b>INCOME</b>	8 Wages, salaries, and other pay for work. <b>Include all Forms W-2</b> .....	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
<b>ADJUSTMENTS TO INCOME</b>	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
<b>ADDITIONS</b>	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
<b>SUBTRACTIONS</b>	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 ( <b>federal amount</b> ).....	40	.00	
<b>DEDUCTIONS AND MODIFICATIONS</b>	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 2014 federal tax liability ( <b>\$0-\$6,350; see instructions</b> 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	
<b>OREGON TAX</b>	49 <b>Tax from tax charts.</b> 49a <input type="checkbox"/> See instructions, page 29 .....	49	.00	
	50 <b>Oregon income tax.</b> Line 49 X <b>Oregon percentage</b> 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	
<b>NONREFUNDABLE CREDITS</b>	53 <b>Exemption credit.</b> 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	
<b>PAYMENTS AND REFUNDABLE CREDITS</b>	59 Oregon income tax withheld from income. <b>Include Forms W-2 and 1099</b> .....	59	.00	
	60 Estimated tax payments for 2014 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 <b>Working family child care credit</b> 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 <b>Overpayment.</b> Is line 58 <b>less</b> than line 65? If so, line 65 minus line 58 .....	OVERPAYMENT → 66	.00	
	67 <b>Tax to pay.</b> Is line 58 <b>more</b> 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. <b>Include Form 10 and check box</b> <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 <b>Amount you owe.</b> Line 67 plus line 70 .....	AMOUNT YOU OWE → 71	.00	
	72 <b>Refund.</b> Is line 66 more than line 70? If so, line 66 minus line 70 .....	REFUND → 72	.00	
<b>CHARITABLE CHECKOFF DONATIONS, PAGE 34</b> <i>I want to donate part of my tax refund to the following fund(s)</i>	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
	73 <b>Estimated tax.</b> Fill in the part of line 72 you want applied to your estimated tax ●73	73	.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 <b>NET REFUND.</b> Line 72 minus line 87. This is your net refund .....	NET REFUND → 88	.00	

**EITHER, NOT BOTH**

**ADD TOGETHER**

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**These will reduce your refund**

**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			