

2016 Form OR-40-P



Office use only	

Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: / / Oregon resident:

From: / /

To: / /

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short year tax election. Military.
- Extension filed. Employment exception.
- Form OR-24.

First name and initial	Last name	<input type="checkbox"/> Deceased	Social Security no. (SSN)	<input type="checkbox"/> Applied for SSN	Date of birth (mm/dd/yyyy)
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> Applied for SSN	Spouse's date of birth
Current mailing address		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 person).
- 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

6d Total number of dependent children with a qualifying disability (see instructions) 6d

6e Total exemptions. Add 6a through 6d Total 6e

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0061160102000

Name	SSN
	- -

Income

	Federal column (F)		Oregon column (S)
7 Wages, salaries, and other pay for work. Include all Forms W-2	7F .00	7S	.00
8 Taxable interest income from federal Form 1040, line 8a.....	8F .00	8S	.00
9 Dividend income from federal Form 1040, line 9a.....	9F .00	9S	.00
10 State and local income tax refunds from federal Form 1040, line 10.....	10F .00	10S	.00
11 Alimony received from federal Form 1040, line 11	11F .00	11S	.00
12 Business income or loss from federal Form 1040, line 12	12F .00	12S	.00
13 Capital gain or loss from federal Form 1040, line 13.....	13F .00	13S	.00
14 Other gains or losses from federal Form 1040, line 14	14F .00	14S	.00
15 IRA distributions from federal Form 1040, line 15b	15F .00	15S	.00
16 Pensions and annuities from federal Form 1040, line 16b	16F .00	16S	.00
17 Schedule E income from federal Form 1040, line 17	17F .00	17S	.00
18 Farm income or loss from federal Form 1040, line 18.....	18F .00	18S	.00
19 Unemployment and other income from federal Form 1040, lines 19 through 21	19F .00	19S	.00
20 Total income. Add lines 7 through 19.....	20F .00	20S	.00

Adjustments

21 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32	21F .00	21S	.00
22 Education deductions from federal Form 1040, lines 23, 33, and 34	22F .00	22S	.00
23 Moving expenses from federal Form 1040, line 26	23F .00	23S	.00
24 Deduction for self-employment tax from federal Form 1040, line 27.....	24F .00	24S	.00
25 Self-employed health insurance deduction from federal Form 1040, line 29.....	25F .00	25S	.00
26 Alimony paid from federal Form 1040, line 31a.....	26F .00	26S	.00
27 Total adjustments from Schedule OR-ASC-NP, section 1.....	27F .00	27S	.00
28 Total adjustments. Add lines 21 through 27	28F .00	28S	.00
29 Income after adjustments. Line 20 minus line 28.....	29F .00	29S	.00

Additions

30 Total additions from Schedule OR-ASC-NP, section 2.....	30F .00	30S	.00
31 Income after additions. Add lines 29 and 30.....	31F .00	31S	.00

Subtractions

32 Social Security and tier 1 Railroad Retirement Board benefits included on line 19F	32F .00		
33 Total subtractions from Schedule OR-ASC-NP, section 3.....	33F .00	33S	.00
34 Income after subtractions. Line 31 minus lines 32 and 33.....	34F .00	34S	.00
35 Oregon percentage. Line 34S ÷ line 34F (not more than 100.0%).....			_____%

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Name SSN

Deductions and modifications

Table with 3 columns: Line number, Description, and Amount. Rows include lines 36-40 (Deductions), 40a (Qualifications), and 41-45 (Taxable income calculation).

Oregon tax

Table with 3 columns: Line number, Description, and Amount. Rows include lines 46 (Tax), 46a-c (Calculation options), 47 (Oregon income tax), 48 (Interest), and 49 (Total tax).

Standard and carryforward credits

Table with 3 columns: Line number, Description, and Amount. Rows include lines 50 (Exemption credit), 51-52 (Standard credits), 53 (Tax minus credits), 54 (Carryforward credits), and 55 (Tax after credits).

Payments and refundable credits

Table with 3 columns: Line number, Description, and Amount. Rows include lines 56 (Income tax withheld), 57 (Tax refund), 58 (Estimated payments), 59 (Pass-through entity), 60 (Earned income credit), 61 (Refundable credits), and 62 (Total payments).

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Name	SSN
	- -

Tax to pay or refund

63	Overpayment of tax. If line 55 is less than line 62, you overpaid. Line 62 minus line 55.....	63	.00
64	Net tax. If line 55 is more than line 62, you have tax to pay. Line 55 minus line 62.....	64	.00
65	Penalty and interest for filing or paying late. See instructions	65	.00
66	Interest on underpayment of estimated tax. Include Form OR-10	66	.00

Exception number from Form OR-10, line 1: 66a Check box if you annualized: 66b

67	Total penalty and interest due. Add lines 65 and 66	67	.00
68	Tax to pay including penalty and interest. Line 64 plus line 67..... This is the amount you owe	68	.00
69	Overpayment less penalty and interest. Line 63 minus line 67..... This is your refund	69	.00
70	Estimated tax. Fill in the part of line 69 you want applied to your estimated tax	70	.00
71	Total charitable checkoff donations from Schedule OR-DONATE, line 30	71	.00
72	Total Oregon 529 College Savings Plan deposits from Schedule OR-529. See instructions.....	72	.00
73	Total. Add lines 70 through 72. Total can't be more than your refund on line 69.....	73	.00
74	Line 69 minus line 73. This is your net refund	Net refund 74	.00

Direct deposit

75 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.

Preparer license number, if professionally prepared

Routing number:

Account number:

Sign here.

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

Your signature	Date		
X	/ /		
Spouse's signature (if filing jointly, both must sign)	Date		
X	/ /		
Signature of preparer other than taxpayer	Preparer phone		
X	() -		
Preparer address	City	State	ZIP code

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 68)

- **Online payments:** You may make payments online at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime phone number, SSN or ITIN, and **"2016 Oregon Form OR-40-P"** on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

