

2017 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: Space for 2-D barcode—do not write in box below
From: To:
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 Social Security no. (SSN) First time using this SSN (see instructions) Applied for ITIN
Spouse's first name and initial Spouse's last name Spouse's SSN First time using this SSN (see instructions) 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 Total
6b. Credits for spouse: Regular Severely disabled Total
Check box if someone else can claim you as a dependent.
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.

Table with 6 columns: First name, Last name, Code*, Dependent's SSN, Dependent's date of birth (mm/dd/yyyy), Check if child with qualifying disability

*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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Name	SSN - -
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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, Social Security benefits, 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%)..... 35.	.		%

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Name SSN

Deductions and modifications

36. Amount from line 34F .00
37. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 37 through 39 .00
38. State income tax claimed as itemized deduction .00
39. Net Oregon itemized deductions. Line 37 minus line 38 .00
40. Standard deduction. See instructions .00

You were: 40a. [] 65 or older 40b. [] Blind Your spouse was: 40c. [] 65 or older 40d. [] Blind

41. Enter the larger of line 39 or line 40. If you skipped line 39, enter the amount from line 40 .00
42. 2017 federal tax liability. See instructions for the correct amount: \$0-\$6,550 .00
43. Total modifications from Schedule OR-ASC-NP, section 4 .00
44. Add lines 41, 42, and 43 .00
45. Taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter -0- .00

Oregon tax

46. Tax. See instructions. Enter tax on line 46. Check if tax is calculated using an alternative method .00
46a. [] Form OR-FIA-40-P 46b. [] Worksheet OR-FCG 46c. [] Schedule OR-PTE-PY
47. Oregon income tax. Line 46 multiplied by the Oregon percentage from line 35 .00
48. Interest on certain installment sales .00
49. Total tax before credits. Add lines 47 and 48 .00

Standard and carryforward credits

50. Exemption credit. See instructions .00
51. Total standard credits from Schedule OR-ASC-NP, section 5 .00
52. Total standard credits. Add lines 50 and 51 .00
53. Tax minus standard credits. Line 49 minus line 52. If line 52 is more than line 49, enter -0- .00
54. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 54 can't be more than line 53 (see Schedule OR-ASC-NP instructions) .00
55. Tax after standard and carryforward credits. Line 53 minus line 54 .00

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of Form(s) W-2 and 1099 .00
57. Amount applied from your prior year's tax refund .00
58. Estimated tax payments for 2017. Include all payments made prior to the filing date of this return, including real estate transactions. Do not include the amount already reported on line 57 .00
59. Tax payments from a pass-through entity .00
60. Earned income credit. See instructions .00
61. Oregon surplus credit (kicker). Enter your kicker amount. See instructions.
If you elect to donate your kicker to the State School Fund, enter -0- and see line 77 .00
62. Total refundable credits from Schedule OR-ASC-NP, section 7 .00
63. Total payments and refundable credits. Add lines 56 through 62 .00

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Name SSN

Tax to pay or refund

Table with 2 columns: Description (lines 64-67) and Amount (.00)

Exception number from Form OR-10, line 1: 67a. [] Check box if you annualized: 67b. []

Table with 2 columns: Description (lines 68-75) and Amount (.00)

Direct deposit

76. 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

77. Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box: 77a. []

Write the amount from line 7 of the surplus credit worksheet here. This election is irrevocable.....77b. [] .00

