

2018 Form OR-40-P

Page 1 of 5, 150-101-055 (Rev. 01-20) Oregon Department of Revenue



Office use only	

Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: <input type="text"/>	Space for 2-D barcode—do not write in box below
Oregon resident: From: <input type="text"/> To: <input type="text"/>	
<input type="checkbox"/> Amended return. If amending for an NOL, tax year the NOL was generated: <input type="text"/>	
<input type="checkbox"/> Calculated using "as if" federal return.	
<input type="checkbox"/> Short-year tax election. <input type="checkbox"/> Federal disaster relief.	
<input type="checkbox"/> Extension filed. <input type="checkbox"/> Federal Form 8886.	
<input type="checkbox"/> Form OR-24. <input type="checkbox"/> Military. <input type="checkbox"/> Employment exception.	

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)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- 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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Name	SSN	
	- -	

Income

	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040, line 1. Include all Forms W-2. 7F.	.00	7S. .00
8. Interest income from federal Form 1040, line 2b. 8F.	.00	8S. .00
9. Dividend income from federal Form 1040, line 3b. 9F.	.00	9S. .00
10. State and local income tax refunds from federal Schedule 1, line 10. 10F.	.00	10S. .00
11. Alimony received from federal Schedule 1, line 11. 11F.	.00	11S. .00
12. Business income or loss from federal Schedule 1, line 12. 12F.	.00	12S. .00
13. Capital gain or loss from federal Schedule 1, line 13. 13F.	.00	13S. .00
14. Other gains or losses from federal Schedule 1, line 14. 14F.	.00	14S. .00
15. IRAs, pensions, and annuities from federal Form 1040, line 4b. 15F.	.00	15S. .00
16. Reserved.		
17. Schedule E income or loss from federal Schedule 1, line 17. 17F.	.00	17S. .00
18. Farm income or loss from federal Schedule 1, line 18. 18F.	.00	18S. .00
19. Social Security benefits from federal Form 1040, line 5b and 19F. unemployment and other income from federal Schedule 1, lines 19-21.	.00	19S. .00
20. Total income. Add lines 7 through 19. 20F.	.00	20S. .00

Adjustments

21. IRA or SEP and SIMPLE contributions, federal Schedule 1, lines 28 and 32. 21F.	.00	21S. .00
22. Education deductions from federal Schedule 1, lines 23, 33, and 34. 22F.	.00	22S. .00
23. Moving expenses from federal Schedule 1, line 26. 23F.	.00	23S. .00
24. Deduction for self-employment tax from federal Schedule 1, line 27. 24F.	.00	24S. .00
25. Self-employed health insurance deduction from federal Schedule 1, line 29. 25F.	.00	25S. .00
26. Alimony paid from federal Schedule 1, 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. 36. .00
37. Oregon itemized deductions. 37. .00
38. Standard deduction. 38. .00
39. Enter the larger of line 37 or 38. 39. .00
40. 2018 federal tax liability. 40. .00
41. Total modifications from Schedule OR-ASC-NP, section 4. 41. .00
42. Add lines 39, 40, and 41. 42. .00
43. Taxable income. Line 36 minus line 42. 43. .00

You were: 38a. 65 or older 38b. Blind Your spouse was: 38c. 65 or older 38d. Blind

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions). 44. .00
44a. Schedule OR-FIA-40-P 44b. Worksheet OR-FCG 44c. Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions). 45. .00
46. Interest on certain installment sales. 46. .00
47. Total tax before credits. Add lines 45 and 46. 47. .00

Standard and carryforward credits

48. Exemption credit (see instructions). 48. .00
49. Total standard credits from Schedule OR-ASC-NP, section 5. 49. .00
50. Total standard credits. Add lines 48 and 49. 50. .00
51. Tax minus standard credits. Line 47 minus line 50. If line 50 is more than line 47, enter -0-. 51. .00
52. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 52 can't be more than line 51 (see Schedule OR-ASC-NP instructions). 52. .00
53. Tax after standard and carryforward credits. Line 51 minus line 52. 53. .00

Payments and refundable credits

54. Oregon income tax withheld. Include a copy of Forms W-2 and 1099. 54. .00
55. Amount applied from your prior year's tax refund. 55. .00
56. Estimated tax payments for 2018. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 55. 56. .00
57. Tax payments from a pass-through entity. 57. .00
58. Earned income credit (see instructions). 58. .00
59. Reserved.
60. Total refundable credits from Schedule OR-ASC-NP, section 7. 60. .00
61. Total payments and refundable credits. Add lines 54 through 60. 61. .00

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Name	SSN
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Tax to pay or refund

62. Overpayment of tax. If line 53 is less than line 61, you overpaid. Line 61 minus line 53.....	62.	.00
63. Net tax. If line 53 is more than line 61, you have tax to pay. Line 53 minus line 61.....	63.	.00
64. Penalty and interest for filing or paying late (see instructions).....	64.	.00
65. Interest on underpayment of estimated tax. Include Form OR-10.	65.	.00

Exception number from Form OR-10, line 1: 65a. Check box if you annualized: 65b.

66. Total penalty and interest due. Add lines 64 and 65.	66.	.00
67. Net tax including penalty and interest. Line 63 plus line 66..... This is the amount you owe	67.	.00
68. Overpayment less penalty and interest. Line 62 minus line 66..... This is your refund	68.	.00
69. Estimated tax. Fill in the portion of line 68 you want applied to your estimated tax account.....	69.	.00
70. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	70.	.00
71. Oregon 529 College Savings Plan deposits from Schedule OR-529 (see instructions).....	71.	.00
72. Total. Add lines 69 through 71. Total can't be more than your refund on line 68.	72.	.00
73. Net refund. Line 68 minus line 72..... This is your net refund	73.	.00

Direct deposit

74. 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:

Reserved.

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Name | SSN

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

Signatures and dates for taxpayer, spouse, and preparer. Includes fields for preparer phone, license number, address, city, state, and ZIP code.

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

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

Make your payment (if you have an amount due on line 67)

- Online payments: Visit our website at www.oregon.gov/dor.
Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2018 Oregon Form OR-40-P" and the last four digits of your SSN or ITIN on your check or money order.

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.

Amended statement. Only complete this section if submitting an amended return or filing with a new SSN.

If filing an amended return, complete this statement with an explanation of what you are amending. Indicate the return line numbers and the reason for each change. If your filing status has changed, explain why.

If filing with a new SSN, enter your former identification number.

Multiple horizontal lines for providing an amended statement or former SSN.