

2025 Form OR-40-P
Oregon Individual Income Tax Return for Part-year Residents

Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal filers only: Year-end date (MM/DD/YYYY)

/ /

☐ Extension filed

☐ Form OR-24

☐ Amended return.
If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated:

☐ Form OR-243

☐ Federal Form 8379

☐ Calculated with "as if" federal return

☐ Federal Form 8886

☐ Short-year tax election

☐ Disaster relief

☐ Employment exception

☐ Military

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

From (MM/DD/YYYY)

/ /

To (MM/DD/YYYY)

/ /

Oregon resident dates:

First name

Initial

Date of birth (MM/DD/YYYY)

/ /

Last name

Social Security number (SSN)

- -

☐ First time using this SSN (see instructions)

☐ Applied for ITIN

☐ Deceased

Spouse first name

Initial

Spouse date of birth (MM/DD/YYYY)

/ /

Spouse last name

Spouse SSN

- -

☐ First time using this SSN (see instructions)

☐ Applied for ITIN

☐ Deceased

Current mailing address

City

State

ZIP code

-

Country

Phone

- -



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Filing Status (check only one box)

1. ☐ Single 2. ☐ Married filing jointly 3. ☐ Married filing separately (enter spouse information **on page 1**)
4. ☐ Head of household (with qualifying dependent) 5. ☐ Qualifying surviving spouse

Exemptions

6a. Credits for yourself6a. ☐

Check boxes that apply: ☐ Regular ☐ Severe disability ☐ Someone else can claim you as a dependent

6b. Credits for your spouse6b. ☐

Check boxes that apply: ☐ Regular ☐ Severe disability ☐ Someone else can claim your spouse as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete and include Schedule OR-ADD-DEP.

Dependent 1: First name

Initial

Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY)

Dependent 1: SSN

Code *

☐ Child with a qualifying disability

Dependent 2: First name

Initial

Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY)

Dependent 2: SSN

Code *

☐ Child with a qualifying disability

Dependent 3: First name

Initial

Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY)

Dependent 3: SSN

Code *

☐ Child with a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents6c.

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



Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Federal column (F)

Oregon column (S)

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

15S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

16S.

--	--

 ,

--	--

 ,

--	--

 .

0	0
---	---

17. Schedule E income or loss from federal Schedule 1, line 5.

17F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

17S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

18. Farm income or loss from federal Schedule 1, line 6.

18F.

 ,

 ,

 .

0	0
---	---

18S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F.

 ,

 ,

 .

0	0
---	---

19S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

20. Total income. Add lines 7 through 19.

20F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

20S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

21S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

22S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---



Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Adjustments (continued)

Federal column (F)

Oregon column (S)

23. Moving expenses from federal Schedule 1, line 14.

23F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

23S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

24S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

25S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

26. Alimony paid from federal Schedule 1, line 19a.

26F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

26S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.

27F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

27S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

28. Total adjustments. Add lines 21 through 27.

28F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

28S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

29. Income after adjustments. Line 20 minus line 28.

29F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

29S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.

30F.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

30S.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Additions (continued)

Federal column (F)

Oregon column (S)

31. Income after additions. Add lines 29 and 30.

31F. , , .

31S. , , .

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.

32F. , , .

33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.

33F. , , .

33S. , , .

34. Income after subtractions. Line 31 minus lines 32 and 33.

34F. , , .

34S. , , .

35. **Oregon percentage** (see instructions; not more than 100.0%). 35. . %

Deductions and modifications

36. Amount from line 34F 36.

, , .

37. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.

, , .

38. **Standard deduction.** Enter your standard deduction 38.

, , .

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

Standard deductions	Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of household
	\$2,835	\$5,670	\$2,835 or \$0	\$5,670	\$4,560

See instructions if you or your spouse are age 65 or older, blind, or can be claimed as a dependent on someone else's return, or are married filing separately.

39. Enter the larger of line 37 or 38 39.

, , .

40. 2025 federal tax liability (**see instructions**) 40.

, , .

Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Deductions and modifications (continued)

, , . 0 0

41. Total modifications from Schedule OR-ASC-NP, line D7 41.

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}, \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}, \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \cdot \begin{array}{|c|c|} \hline 0 & 0 \\ \hline \end{array}$$

42. Add lines 39, 40, and 41..... 42.

, , .

43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0 43.

Oregon tax

			/				/				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

44. **Tax.** Check the appropriate box if you're using an alternative method to calculate your tax (see instructions) 44.

44a. ☐ Schedule OR-FIA-40-P 44b. ☐ Worksheet FCG 44c. ☐ Schedule OR-PTE-PY

			/				/				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

45. Oregon income tax. Line 44 multiplied by the **Oregon percentage**
from line 35 (see instructions)..... 45.

--	--	--

 /

--	--	--

 /

--	--	--

 .

0	0
---	---

46. Interest on certain installment sales 46.

			/				/				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

47. Total tax recaptures from Schedule OR-ASC-NP, line F5..... 47.

			,				,				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

48. Total additions to tax. Line 46 plus line 47 48.

49. Total tax before credits. Add lines 45 and 48 49.

Standard and carryforward credits

--	--	--

 /

--	--	--

 /

--	--	--

 .

0	0
---	---

50. Exemption credit (see instructions) 50.

			,				,				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

51. Total standard credits from Schedule OR-ASC-NP, line G16..... 51.

--	--	--

,

--	--	--

,

--	--	--

.

0	0
---	---

52. Total standard credits. Add lines 50 and 51 52.

			,				,				.	0	0
--	--	--	---	--	--	--	---	--	--	--	---	---	---

53. Tax minus standard credits. Line 49 minus line 52. If line 52 is more than line 49, enter 0..... 53.



Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Standard and carryforward credits (continued)

54. Total carryforward credits used this year (Schedule OR-ASC-NP, line H9). Line 54 can't be more than line 53 (see Schedule OR-ASC and OR-ASC-NP Instructions) ... 54.

55. Tax after standard and carryforward credits. Line 53 minus line 54..... 55.

--	--	--

 ,

--	--	--

 ,

--	--	--

 .

0	0
---	---

Oregon surplus (kicker)

56. Enter your kicker amount (see instructions). **To donate your kicker to the State School Fund, enter 0 and see line 78**..... 56.

--	--	--

 /

--	--	--

 /

--	--	--

 .

0	0
---	---

Payments and refundable credits

57. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099** 57.

--	--	--

,

--	--	--

,

--	--	--

.

--	--

00

58. Prior-year refund applied as estimated payment 58.

--	--	--

 /

--	--	--

 /

--	--	--

 .

0	0
---	---

59. Estimated tax payments for 2025. **Include all estimated payments, including any extension payment or tax withheld from real estate transactions, that you made by April 15, 2026.** Do not include the amount you already reported on line 58 59.

--	--	--

/

--	--	--

/

--	--	--

.

0	0
---	---

60. Estimated tax payments from Schedule OR-K-1, line 20 (PTE owner payment from Form OR-19 - see instructions)..... 60.

$$\boxed{}\boxed{}\boxed{} \div \boxed{}\boxed{}\boxed{} = \boxed{}\boxed{}\boxed{} \cdot \boxed{0}\boxed{0}$$

61. Earned income credit (see instructions) 61.

--	--	--

,

--	--	--

,

--	--	--

.

--	--

62. Oregon Kids Credit (see instructions)..... 62.

$$\boxed{}\boxed{}\boxed{} \div \boxed{}\boxed{}\boxed{} \div \boxed{}\boxed{}\boxed{} \cdot \boxed{0}\boxed{0}$$

63. Total refundable credits from Schedule OR-ASC-NP, line 17..... 63.

--	--	--

,

--	--	--

,

--	--	--

.

--	--

64. Total payments and refundable credits. Add lines 56 through 63..... 64.

--	--	--	--

Tax to pay or refund

65. **Overpayment of tax.** If line 55 is **less** than line 64, you overpaid.
Line 64 minus line 55..... 65.

--	--	--

,

--	--	--

,

--	--	--

.

--	--

66. **Net tax.** If line 55 is **more** than line 64, you have tax to pay.
 Line 55 minus line 64..... 66.

--	--	--

 /

--	--	--

 /

--	--	--

 .

0	0
---	---



SSN

Tax to pay or refund (continued)

67. Penalty and interest for filing or paying late (see instructions)..... 67.

68. Interest on underpayment of estimated tax. Include Form OR-10 68.

11

69. Total penalty and interest due. Add lines 67 and 68 69.

70. Net tax including penalty and interest.

Line 66 plus line 69..... **This is the amount you owe. 70.**

71. Overpayment less penalty and interest.

Line 65 minus line 69.....**This is your refund. 71.**

72. Amount from line 71 you want to apply as a payment of your 2026*

estimated tax (*to a later year if filing after 1/15/2027)..... 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 73.

74. Higher education savings plan deposits from Schedule OR-529, line 5..... 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund

on line 71 75.

76. **Net refund.** Line 71 minus line 75..... **This is your net refund. 76.**

77. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Account information:

Routing number

Account number

[illegible]

Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

Note: Reprint page 1 if you make changes to this page.

Kicker donation

78. If you elect to donate your kicker to the State School Fund, check this box..... 78a. ☐

Complete the kicker worksheet in the instructions and enter the amount here..... **This election is irrevocable.** 78b.

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

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

City

State

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 Form OR-AUTH-REP on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

Pay the amount due

- **Online:** You can make a payment at www.oregon.gov/dor.
- **By mail:** Make your check, money order, or cashier's check payable to the **Oregon Department of Revenue**. Write "2025 Form OR-40-P," your daytime phone, and the last four digits of your SSN or ITIN on the payment. **Mailed with Form OR-40-P:** Send the payment in the same envelope with your return. **Don't** use a voucher. **Mailed without Form OR-40-P:** Use a payment voucher. See the instructions for Form OR-40-V.



SSN

Mail your return

- Amended statement.** Complete this section only if you're amending your 2025 return or filing with a new SSN.

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