

**2018 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: <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 - -
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**Income**

	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040, line 1. <b>Include all Forms W-2.</b> ..... 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 and 33. .... 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. <b>Oregon percentage.</b> 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. <b>Overpayment of tax.</b> If line 53 is <b>less</b> than line 61, you overpaid. Line 61 minus line 53.....	62.	.00
63. <b>Net tax.</b> If line 53 is <b>more</b> 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. <b>Include Form OR-10.</b> .....	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. <b>Net tax including penalty and interest.</b> Line 63 plus line 66..... <b>This is the amount you owe</b>	67.	.00
68. <b>Overpayment less penalty and interest.</b> Line 62 minus line 66..... <b>This is your refund</b>	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. <b>Net refund.</b> Line 68 minus line 72..... <b>This is your net refund</b>	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.

