

Amended Return

OREGON

2012

Form 40

INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

For office use only

Fiscal year ending

K F P J

W

Last name	First name and initial <input type="checkbox"/> Deceased	Social Security No. (SSN) - -	Date of birth (mm/dd/yyyy)
Spouse's/RDP's last name if joint return	Spouse's/RDP's first name and initial if joint return <input type="checkbox"/> Deceased	Spouse's/RDP's SSN if joint return - -	Date of birth (mm/dd/yyyy)

Current mailing address			Telephone number ()
City	State	ZIP code	Country

If you filed a return last year, and your name or address is different, check here

Filing Status 1 <input type="checkbox"/> Single 2a <input type="checkbox"/> Married filing jointly 2b <input type="checkbox"/> Registered domestic partners (RDP) filing jointly 3a <input type="checkbox"/> Married filing separately: Spouse's name _____ Spouse's SSN _____ 3b <input type="checkbox"/> Registered domestic partner filing separately: Partner's name _____ Partner's SSN _____ 4 <input type="checkbox"/> Head of household: Person who qualifies you 5 <input type="checkbox"/> Qualifying widow(er) with dependent child	Exemptions <table border="1"> <tr> <td>6a Yourself Regular <input type="checkbox"/></td> <td>..... Severely disabled <input type="checkbox"/></td> <td>..... 6a <input type="text"/></td> </tr> <tr> <td>6b Spouse/RDP ... Regular <input type="checkbox"/></td> <td>..... Severely disabled <input type="checkbox"/></td> <td>..... b <input type="text"/></td> </tr> <tr> <td>6c All dependents First names _____</td> <td>..... c <input type="text"/></td> <td></td> </tr> <tr> <td>6d Disabled children only (see instructions)</td> <td>..... d <input type="text"/></td> <td></td> </tr> <tr> <td colspan="2">Total • 6e</td> <td><input type="text"/></td> </tr> </table>	6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/> 6a <input type="text"/>	6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/> b <input type="text"/>	6c All dependents First names _____ c <input type="text"/>		6d Disabled children only (see instructions) d <input type="text"/>		Total • 6e		<input type="text"/>
6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/> 6a <input type="text"/>														
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6c All dependents First names _____ c <input type="text"/>															
6d Disabled children only (see instructions) d <input type="text"/>															
Total • 6e		<input type="text"/>														

Check all that apply ->	7a You were: Spouse/RDP was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	7b <input type="checkbox"/> You filed an extension	7c <input type="checkbox"/> You have federal Form 8886	7d <input type="checkbox"/> Someone else can claim you as a dependent
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8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 ● 8 .00 **Round to the nearest dollar**

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon... ● 9 <input type="text"/> <input type="text"/> .00
	10 Other additions. Identify: ● 10x <input type="text"/> ● 10y \$ <input type="text"/> Schedule included 10z <input type="checkbox"/> ● 10 <input type="text"/> <input type="text"/> .00
	11 Total additions. Add lines 9 and 10 ● 11 <input type="text"/> <input type="text"/> .00
	12 Income after additions. Add lines 8 and 11 ● 12 <input type="text"/> <input type="text"/> .00

SUBTRACTIONS	13 2012 federal tax liability (\$0-\$6,100; see instructions for the correct amount) ● 13 <input type="text"/> <input type="text"/> .00
Include proof of withholding (W-2s, 1099s), payment, and payment voucher	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... ● 14 <input type="text"/> <input type="text"/> .00
	15 Oregon income tax refund included in federal income..... ● 15 <input type="text"/> <input type="text"/> .00
	16 Interest from U.S. government, such as Series EE, HH, and I bonds ● 16 <input type="text"/> <input type="text"/> .00
	17 Federal pension income. See instructions, page 15. 17a <input type="text"/> % 17b <input type="text"/> % ● 17 <input type="text"/> <input type="text"/> .00
	18 Other subtractions. Identify: ● 18x <input type="text"/> ● 18y \$ <input type="text"/> Schedule included 18z <input type="checkbox"/> ● 18 <input type="text"/> <input type="text"/> .00
	19 Total subtractions. Add lines 13 through 18 ● 19 <input type="text"/> <input type="text"/> .00
	20 Income after subtractions. Line 12 minus line 19 ● 20 <input type="text"/> <input type="text"/> .00

DEDUCTIONS	If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.	
	21 Itemized deductions from federal Schedule A, line 29 ● 21 <input type="text"/> <input type="text"/> .00	
	22 Special Oregon medical deduction (age restricted, see instructions, page 17) ● 22 <input type="text"/> <input type="text"/> .00	
	23 Total Oregon itemized deductions. Add lines 21 and 22 ● 23 <input type="text"/> <input type="text"/> .00	
	24 State income tax claimed as an itemized deduction ● 24 <input type="text"/> <input type="text"/> .00	
	25 Net Oregon itemized deductions. Line 23 minus line 24 ● 25 <input type="text"/> <input type="text"/> .00	} Either line 25 or 26
	OR	
	26 Standard deduction from page 17 ● 26 <input type="text"/> <input type="text"/> .00	
	27 Total deductions. Line 25 or line 26, whichever is larger ● 27 <input type="text"/> <input type="text"/> .00	
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- ● 28 <input type="text"/> <input type="text"/> .00	

TAX	29 Tax. See instructions, page 18. Enter tax here ● 29 <input type="text"/> <input type="text"/> .00
	Check if tax is from: 29a <input type="checkbox"/> Tax tables or charts or ● 29b <input type="checkbox"/> Form FIA-40 or ● 29c <input type="checkbox"/> Worksheet FCG
	30 Interest on certain installment sales..... ● 30 <input type="text"/> <input type="text"/> .00
	31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS ● 31 <input type="text"/> <input type="text"/> .00

State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

Early January until mid October

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



Attention

If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:

1. You can download the State Tax form here:

<http://www.efile.com/support-state-tax-agency-list/>

2. Work online on your tax return with an efile Tax Professional

[Start working with a LIVE TaxPRO](#)

3. Download Federal tax forms by tax year, complete and mail to the IRS

[Download Federal Tax Forms](#)

Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

Got Tax Questions? [Contact efile.com!](#)

