

2020 Form OR-40-P

Page 1 of 5, 150-101-055
(Rev. 08-25-20 ver. 01)

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: / /

Oregon resident: 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. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24. Military. Employment exception.

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

First name	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
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Spouse's first name	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
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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: | <input type="checkbox"/> Regular | <input type="checkbox"/> Severely disabled | | 6a. <input type="text"/> | Total |
| <input type="checkbox"/> Check box if someone else can claim you as a dependent | | | | | |
| 6b. Credits for spouse: | <input type="checkbox"/> Regular | <input type="checkbox"/> Severely disabled | | 6b. <input type="text"/> | |
| <input type="checkbox"/> 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 (see instructions).

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.

2020 Form OR-40-P

Page 2 of 5, 150-101-055
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



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

Income

	Federal column (F)		Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2	7F. .00	7S.	.00
8. Interest income from Form 1040 or 1040-SR, line 2b	8F. .00	8S.	.00
9. Dividend income from Form 1040 or 1040-SR, line 3b	9F. .00	9S.	.00
10. State and local income tax refunds from federal Schedule 1, line 1	10F. .00	10S.	.00
11. Alimony received from federal Schedule 1, line 2a	11F. .00	11S.	.00
12. Business income or loss from federal Schedule 1, line 3.....	12F. .00	12S.	.00
13. Capital gain or loss from Form 1040 or 1040-SR, line 7	13F. .00	13S.	.00
14. Other gains or losses from federal Schedule 1, line 4.....	14F. .00	14S.	.00
15. IRA distributions from Form 1040 or 1040-SR, line 4b	15F. .00	15S.	.00
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.....	16F. .00	16S.	.00
17. Schedule E income or loss from federal Schedule 1, line 5.....	17F. .00	17S.	.00
18. Farm income or loss from federal Schedule 1, line 6.....	18F. .00	18S.	.00
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8.....	19F. .00	19S.	.00
20. Total income. Add lines 7 through 19.....	20F. .00	20S.	.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19	21F. .00	21S.	.00
22. Education deductions from federal Schedule 1, lines 10, 20 and 21	22F. .00	22S.	.00
23. Moving expenses from federal Schedule 1, line 13	23F. .00	23S.	.00
24. Deduction for self-employment tax from federal Schedule 1, line 14	24F. .00	24S.	.00
25. Self-employed health insurance deduction from federal Schedule 1, line 16	25F. .00	25S.	.00
26. Alimony paid from federal Schedule 1, line 18a.....	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	33S.	.00
33. Total subtractions from Schedule OR-ASC-NP, section 3.....	33F. .00	34S.	.00
34. Income after subtractions. Line 31 minus lines 32 and 33.....	34F. .00		
35. Oregon percentage (see instructions: not more than 100.0%) %		

2020 Form OR-40-P

Page 3 of 5, 150-101-055 (Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



Name SSN

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Deductions and modifications

36. Amount from line 34F
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23.
38. Standard deduction. Enter your standard deduction (see instructions).
39. Enter the larger of line 37 or 38
40. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950
41. Total modifications from Schedule OR-ASC-NP, section 4
42. Add lines 39, 40, and 41
43. Taxable income. Line 36 minus line 42.

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)
44a. Schedule OR-FIA-40-P 44b. Worksheet FCG 44c. Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions)
46. Interest on certain installment sales
47. Total tax before credits. Add lines 45 and 46

Standard and carryforward credits

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

Payments and refundable credits

54. Oregon income tax withheld. Include a copy of Forms W-2 and 1099
55. Amount applied from your prior year's tax refund
56. Estimated tax payments for 2020. 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
57. Tax payments from a pass-through entity
58. Earned income credit (see instructions)
59. Reserved
60. Total refundable credits from Schedule OR-ASC-NP, section 7
61. Total payments and refundable credits. Add lines 54 through 60.

2020 Form OR-40-P

Page 4 of 5, 150-101-055
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00612001040000

Name _____ SSN _____

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Tax to pay or refund

Table with 2 columns: Description (lines 62-65) and Amount (all .00)

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

Table with 2 columns: Description (lines 66-73) and Amount (all .00)

Direct deposit

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

Type of account: [] Checking or [] Savings

Routing number: []

Account number: []



2020 Form OR-40-P

Page 5 of 5, 150-101-055
(Rev. 08-25-20 ver. 01)

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Name	SSN
	- -

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

Your signature	Date		
X	/ /		
Spouse's signature (if filing jointly, both must sign)	Date		
X	/ /		
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
X	() -		
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 the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-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 **"2020 Oregon Form OR-40-P"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher if you're mailing your payment with your return.

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. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

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