

2019 Form OR-40

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



Office use only	

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: <input type="text"/> / <input type="text"/> / <input type="text"/>	Space for 2-D barcode—do not write in box below
<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.	

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
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
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 Total

6a. Credits for yourself: Regular Severely disabled ... 6a.

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 (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.

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Name	SSN - -
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Taxable income

7. Federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b; 1040-NR, line 35; 1040-NR-EZ, line 10; or 1040-X, line 1C (see instructions).....	7.	.00
8. Total additions from Schedule OR-ASC, section 1.....	8.	.00
9. Income after additions. Add lines 7 and 8.....	9.	.00

Subtractions

10. 2019 federal tax liability. See instructions for the correct amount: \$0-\$6,800.	10.	.00
11. Social Security included on federal Form 1040 or 1040-SR, line 5b.....	11.	.00
12. Oregon income tax refund included in federal income.....	12.	.00
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	.00
14. Total subtractions. Add lines 10 through 13.....	14.	.00
15. Income after subtractions. Line 9 minus line 14.....	15.	.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	16.	.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17.	.00

You were: 17a. 65 or older 17b. Blind **Your spouse was:** 17c. 65 or older 17d. Blind

18. Enter the larger of line 16 or 17.....	18.	.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-.....	19.	.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21.	.00
22. Total tax before credits. Add lines 20 and 21.....	22.	.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$206. Otherwise, see instructions.....	23.	.00
24. Political contribution credit. See limits in instructions.	24.	.00
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	.00
26. Total standard credits. Add lines 23 through 25.....	26.	.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter -0-.....	27.	.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	.00
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	.00

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Name SSN

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Payments and refundable credits

30. Oregon income tax withheld. 31. Amount applied from your prior year's tax refund. 32. Estimated tax payments for 2019. 33. Earned income credit. 34. Kicker (Oregon surplus credit). 35. Total refundable credits from Schedule OR-ASC. 36. Total payments and refundable credits.

Tax to pay or refund

37. Overpayment of tax. 38. Net tax. 39. Penalty and interest for filing or paying late. 40. Interest on underpayment of estimated tax. 41. Total penalty and interest due. 42. Net tax including penalty and interest. 43. Overpayment less penalty and interest. 44. Estimated tax. 45. Charitable checkoff donations. 46. Political party \$3 checkoff. 47. Oregon 529 college savings plan deposits. 48. Total. 49. Net refund.

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: Type of account: Routing number: Account number:

Kicker donation

51. Kicker donation. If you elect to donate your kicker to the State School Fund, check this box: Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable.

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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 Spouse's signature Date Signature of preparer other than taxpayer Preparer phone Preparer license number, if professionally prepared 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 42)

- 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 "2019 Oregon Form OR-40" 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 unless you're sending us a separate payment.

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 2019 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.

Horizontal lines for text entry