

2021 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 year ending date (MM/DD/YYYY)

/ /

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

Calculated with "as if" federal return

Short-year tax election

- Extension filed
- Form OR-24
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military
- Employment exception

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

Oregon resident dates: From (MM/DD/YYYY) / /

To (MM/DD/YYYY) / /

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's first name

Initial

Spouse's date of birth (MM/DD/YYYY)

/ /

Spouse's last name

Spouse's Social Security number (SSN)

- -

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

City

State

ZIP code

-

Country

Phone

- -



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Last name

Social Security number (SSN)

[Last name input field]

[SSN input field: [][][] - [][] - [][][][]]

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

6e. Total exemptions. Add 6a through 6d..... Total 6e. [][]

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. [][][] , [][][] , [][][] . 0 0

7S. [][][] , [][][] , [][][] . 0 0

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F. [][][] , [][][] , [][][] . 0 0

8S. [][][] , [][][] , [][][] . 0 0

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F. [][][] , [][][] , [][][] . 0 0

9S. [][][] , [][][] , [][][] . 0 0

10. State and local income tax refunds from federal Schedule 1, line 1.

10F. [][][] , [][][] , [][][] . 0 0

10S. [][][] , [][][] , [][][] . 0 0

11. Alimony received from federal Schedule 1, line 2a.

11F. [][][] , [][][] , [][][] . 0 0

11S. [][][] , [][][] , [][][] . 0 0

12. Business income or loss from federal Schedule 1, line 3.

12F. [][][] , [][][] , [][][] . 0 0

12S. [][][] , [][][] , [][][] . 0 0

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F. [][][] , [][][] , [][][] . 0 0

13S. [][][] , [][][] , [][][] . 0 0

14. Other gains or losses from federal Schedule 1, line 4.

14F. [][][] , [][][] , [][][] . 0 0

14S. [][][] , [][][] , [][][] . 0 0



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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



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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, Section A.

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, Section B.

30F. [] [] [] , [] [] [] , [] [] [] . 0 0

30S. [] [] [] , [] [] [] , [] [] [] . 0 0



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[Empty text box for last name]

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41. Total modifications from Schedule OR-ASC-NP, Section D 41. [] [] [] , [] [] [] , [] [] [] . 0 0
42. Add lines 39, 40, and 41 42. [] [] [] , [] [] [] , [] [] [] . 0 0
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0 43. [] [] [] , [] [] [] , [] [] [] . 0 0

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 44. [] [] [] , [] [] [] , [] [] [] . 0 0
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) 45. [] [] [] , [] [] [] , [] [] [] . 0 0
46. Interest on certain installment sales 46. [] [] [] , [] [] [] , [] [] [] . 0 0
47. Total tax before credits. Add lines 45 and 46 47. [] [] [] , [] [] [] , [] [] [] . 0 0

Standard and carryforward credits

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

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54. Total credit recaptures claimed this year from Schedule OR-ASC-NP, Section G ... 54. [] [] [] / [] [] [] / [] [] [] . 0 0

55. Tax after credit recaptures. Line 53 plus line 54 55. [] [] [] / [] [] [] / [] [] [] . 0 0

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 56. [] [] [] / [] [] [] / [] [] [] . 0 0

57. Amount applied from your prior year's tax refund 57. [] [] [] / [] [] [] / [] [] [] . 0 0

58. Estimated tax payments for 2021. 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 57 58. [] [] [] / [] [] [] / [] [] [] . 0 0

59. Tax payments from a pass-through entity 59. [] [] [] / [] [] [] / [] [] [] . 0 0

60. Earned income credit (see instructions)..... 60. [] [] [] / [] [] [] / [] [] [] . 0 0

61. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 77 61. [] [] [] / [] [] [] / [] [] [] . 0 0

62. Total refundable credits from Schedule OR-ASC-NP, Section H..... 62. [] [] [] / [] [] [] / [] [] [] . 0 0

63. Total payments and refundable credits. Add lines 56 through 62 63. [] [] [] / [] [] [] / [] [] [] . 0 0

Tax to pay or refund

64. Overpayment of tax. If line 55 is less than line 63, you overpaid. Line 63 minus line 55 64. [] [] [] / [] [] [] / [] [] [] . 0 0

65. Net tax. If line 55 is more than line 63, you have tax to pay. Line 55 minus line 63 65. [] [] [] / [] [] [] / [] [] [] . 0 0

66. Penalty and interest for filing or paying late (see instructions) 66. [] [] [] / [] [] [] / [] [] [] . 0 0

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Last name

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Amended statement. Complete this Section only if you're amending your 2021 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.

