

Oregon Individual Income Tax Return

Form 40P 1998

PART-YEAR RESIDENT

For office use only	
Date received	

Oregon resident: From Mo / Day / Year To Mo / Day / Year **Fiscal year ending**

Remember to write in your Social Security No.	Last name		First name and initial		Enter your Social Security No. (SSN) - -		Your age	
	Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Enter Spouse's SSN, if joint return - -		Spouse's age	
	Current mailing address				Telephone number ()			
	City		State	ZIP Code		If you filed a return in 1997, and this address is different, check here <input type="checkbox"/>		

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions Regular Severely disabled 6a Yourself <input type="checkbox"/> <input type="checkbox"/> 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6c All dependents <input type="checkbox"/> <input type="checkbox"/> 6d Disabled children only (First names) <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Total	
	2 <input type="checkbox"/> Married filing jointly		6a <input type="checkbox"/>	6a <input type="checkbox"/>
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)		6b <input type="checkbox"/>	b <input type="checkbox"/>
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)		6c <input type="checkbox"/>	c <input type="checkbox"/>
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		6d <input type="checkbox"/>	d <input type="checkbox"/>

7 Check if: You were: 65 or older Blind Spouse was: 65 or older Blind

Check if you filed an extension

For office use only	1	2	3
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Staple W-2 and 1099 forms showing Oregon withholding here

	Federal column	Oregon column
8 Wages, salaries and other pay for work. Staple all W-2 wage slips below	8	8
9 Taxable interest income 9a _____ plus dividend income 9b _____	9	9
10 State and local income tax refunds from federal Form 1040, line 10	10	10
11 Alimony received from federal Form 1040, line 11	11	11
12 Business income or loss from federal Form 1040, line 12	12	12
13 Capital gain or loss from federal Form 1040, line 13	13	13
14 Other gains or losses from federal Form 1040, line 14	14	14
15 Total IRA distributions from federal Form 1040, line 15b	15	15
16 Pensions and annuities from federal Form 1040, line 16b	16	16
17 Rents, royalties, partnerships, etc., from federal Form 1040, line 17	17	17
18 Farm income or loss from federal Form 1040, line 18	18	18
19 Unemployment compensation and other taxable income from federal return	19	19
20 Total income. Add lines 8 through 19	20a	20b <input type="checkbox"/>
ADJUSTMENTS TO INCOME		
21 IRA and Keogh contribution from federal Form 1040, lines 23 and 29	21	21
22 Student loan interest deduction from federal form 1040, line 24	22	22
23 Medical savings account deduction from federal Form 1040, line 25	23	23
24 Moving expense from federal Form 1040, line 26	24	24
25 Deduction for self-employment tax from federal Form 1040, line 27	25	25
26 Self-employed health insurance deduction from federal Form 1040, line 28	26	26
27 Penalty on early withdrawal of savings from federal Form 1040, line 30	27	27
28 Alimony paid from federal Form 1040, line 31a	28	28
29 Total adjustments to income. Add lines 21 through 28	29	29
30 Income after adjustments. Line 20 minus line 29	30a	30b <input type="checkbox"/>
ADDITIONS		
31 Interest on government bonds of states other than Oregon	31	31 <input type="checkbox"/>
32 Federal election on interest and dividends of a minor child	32	32 <input type="checkbox"/>
33 Other additions. Identify _____	33	33 <input type="checkbox"/>
34 Total additions. Add lines 31 through 33	34a	34b <input type="checkbox"/>
35 Income after additions. Add lines 30 and 34	35a	35b <input type="checkbox"/>

Mail tax-to-pay returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940

Mail refund returns and no-tax-due returns to: REFUND, PO Box 14700, Salem OR 97309-0930

	Federal column	Oregon column
36 Amount from front of form, line 35		
SUBTRACTIONS		
37 Social Security and Tier 1 Railroad Retirement income included on line 19		
38 Other subtractions. Identify _____		
39 Income after subtractions. Line 36 minus line 37 and 38		
40 Oregon percentage. Line 39b divided by line 39a (not more than 100%)	40 _____ %	
41 Amount from line 39a (federal amount)		
DEDUCTIONS AND MODIFICATIONS		
42 Itemized deductions from federal Schedule A , line 28		} EITHER, NOT BOTH
43 State income tax claimed as an itemized deduction. See instructions, page 26		
44 Net Oregon itemized deductions. Line 42 minus line 43		
45 Standard deduction from page 26		
46 1998 federal tax (\$0 – \$3,000, see instructions for the correct amount)		
47 Other deductions and modifications. Identify _____		
48 Total. Add lines 45, 46, and 47 or lines 44, 46, and 47. Fill in the larger amount		
49 Taxable income. Line 41 minus line 48		
OREGON TAX		
50 Tax on amount shown on line 49. See page 27		} ADD TOGETHER
51 Oregon income tax. Line 50 X Oregon percentage from line 40		
52 Interest on certain installment sales		
53 Total Oregon income tax. Add lines 51 and 52		
CREDITS		
54 Exemption credit. Line 6e X \$132 X Oregon percentage from line 40		} ADD TOGETHER
55 Earned income credit. See instructions, page 27		
56 Working family credit. See instructions, page 28		
57 Retirement income credit. See instructions, page 28		
58 Child and dependent care credit. See instructions, page 20		
59 Credit for income tax paid to another state. Attach proof		
60 Other credits. Identify _____		
61 Total credits. Add lines 54 through 60		
62 Net income tax. Line 53 minus line 61. If line 61 is more than line 53 fill in -0-		
TAX PAYMENTS MADE IN 1998		
63 Oregon income tax withheld from income. Attach W-2 and 1099R forms		} ADD TOGETHER
64 Estimated tax payments for 1998 and payments made with your extension		
65 Total payments. Add lines 63 and 64		
66 Overpayment. Is line 62 less than line 65? If so, line 65 minus line 62	OVERPAYMENT	
67 Tax-to-pay. Is line 62 more than line 65? If so, line 62 minus line 65	TAX-TO-PAY	
68 Penalty and interest for filing or paying late. See instructions on page 21		} ADD TOGETHER
69 Interest on estimated tax underpayment. If Form 10 is attached, check → <input type="checkbox"/>		
70 Total penalty and interest due. Add lines 68 and 69		
71 Amount-you-owe. Add lines 67 and 70		
72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70		
73 Estimated tax. Fill in the part of line 72 you want applied to your 1999 estimated tax		} These will reduce your refund
I wish to donate part of my refund, line 72, to the following fund(s):		
74 Oregon Nongame Wildlife		
75 Child Abuse Prevention		
76 Alzheimer's Disease Research		
77 Stop Domestic & Sexual Violence		
78 AIDS/HIV Education & Services		
79 Total. Add lines 73 through 78. Total can't be more than the refund on line 72		
80 Net refund. Line 72 minus line 79. This is your net refund		

Attach copy of federal Form 1040, 1040A, 1040EZ or 1040PC. Don't include Schedules A, B, C or 2441 etc.

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

**SIGN
HERE**

Your signature Date

Signature of preparer other than taxpayer License No.

Spouse's signature (If filing jointly, BOTH must sign even if only one had income)

Address