

# Oregon Individual Income Tax Return

# 1999

PART-YEAR RESIDENT

# Form 40P

For office use only	
Date received	

Oregon resident: From      Mo /      Day /      Year To      Mo /      Day /      Year

Fiscal year ending

<b>Remember to write in your Social Security No.</b>	Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth Year	
	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 Birth Year	
	Current mailing address				Telephone number (      )			
	City		State	ZIP Code		If you filed a return in 1998, and this address is different, check here <input type="checkbox"/>		

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

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

Check if you filed an extension

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Staple W-2 and 1099 forms showing Oregon withholding here

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

**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			
<b>SUBTRACTIONS</b>			
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 <b>Oregon percentage.</b> Line 39b divided by line 39a (not more than 100%)			
41 Amount from line 39a (federal amount)			
<b>DEDUCTIONS AND MODIFICATIONS</b>			
42 Itemized deductions from <b>federal Schedule A</b> , line 28			} <b>EITHER, NOT BOTH</b>
43 State income tax claimed as an itemized deduction. See instructions, page 24			
44 Net Oregon itemized deductions. Line 42 minus line 43			
45 Standard deduction from page 24			
46 1999 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 <b>or</b> lines 44, 46, and 47. Fill in the larger amount			
49 Taxable income. Line 41 minus line 48			
<b>OREGON TAX</b>			
50 Tax on amount shown on line 49. See page 25			} <b>ADD TOGETHER</b>
51 Oregon income tax. Line 50 X <b>Oregon percentage</b> from line 40			
52 Interest on certain installment sales			
53 Total Oregon income tax. Add lines 51 and 52			
<b>CREDITS</b>			
54 <b>Exemption credit.</b> Line 6e X \$134 X <b>Oregon percentage</b> from line 40			} <b>ADD TOGETHER</b>
55 Earned income credit. See instructions, page 26			
56 Working family credit. See instructions, page 26			
57 Retirement income credit. See instructions, page 26			
58 Child and dependent care credit. See instructions, page 20			
59 Credit for income taxes paid to another state. <b>Attach proof</b>			
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-			
<b>TAX PAYMENTS, PENALTY &amp; INTEREST</b>			
63 Oregon income tax withheld from income. <b>Attach Forms W-2 and 1099</b>			} <b>ADD TOGETHER</b>
64 Estimated tax payments for 1999 and payments made with your extension			
65 Total payments. Add lines 63 and 64			
66 <b>Overpayment.</b> Is line 62 <b>less</b> than line 65? If so, line 65 minus line 62			
67 <b>Tax-to-pay.</b> Is line 62 <b>more</b> than line 65? If so, line 62 minus line 65			
68 Penalty and interest for filing or paying late. See instructions on page 21			} <b>ADD TOGETHER</b>
69 Interest on estimated tax underpayment. <b>If Form 10 is attached, check</b> → <input type="checkbox"/>			
70 Total penalty and interest due. Add lines 68 and 69			
71 <b>Amount-you-owe.</b> Add lines 67 and 70			
72 <b>Refund.</b> Is line 66 more than line 70? If so, line 66 minus line 70			
73 <b>Estimated tax.</b> Fill in the part of line 72 you want applied to your 2000 estimated tax			} <b>These will reduce your refund</b>
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. <b>Total can't be more than the refund on line 72</b>			
80 <b>Net refund.</b> 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.

<b>SIGN HERE</b>	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	