

Oregon Individual Income Tax Return

1999

Form 40N

NONRESIDENT

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, Social Security No., Spouse's last name, Spouse's first name, Current mailing address, Telephone number, City, State, ZIP Code.

Filing Status: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er). Exemptions: 6a Yourself, 6b Spouse, 6c All dependents, 6d Disabled children only.

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.

Staple W-2 and 1099 forms showing Oregon withholding here

Table with columns for Federal column and Oregon column. Rows include INCOME (8-20), ADJUSTMENTS TO INCOME (21-30), and ADDITIONS (31-35).

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 lines 37 and 38			
40 Oregon percentage. Line 39b divided by line 39a (not more than 100%)			
DEDUCTIONS AND MODIFICATIONS			
41 Itemized deductions from federal Schedule A , line 28			} EITHER, NOT BOTH
42 State income tax claimed as itemized deduction. See instructions, page 17			
43 Net Oregon itemized deductions. Line 41 minus line 42			
44 Standard deduction from page 17			
45 1999 federal tax (\$0 – \$3,000, see instructions for the correct amount)			
46 Other deductions and modifications. Identify _____			} ADD TOGETHER
47 Add lines 44, 45, and 46 or lines 43, 45, and 46. Fill in the larger amount			
48 Allowable deductions and modifications. Line 47 × line 40			
49 Deductions and modifications NOT multiplied by the Oregon percentage. See page 19			} ADD TOGETHER
50 Total deductions and other modifications. Add lines 48 and 49			
51 Oregon taxable income. Line 39b minus line 50			
OREGON TAX			
52 Tax on amount shown on line 51. See page 19			} ADD TOGETHER
53 Interest on certain installment sales			
54 TOTAL TAX. Add lines 52 and 53			
CREDITS			
55 Exemption credit. Line 6e × \$134 × Oregon percentage from line 40			} ADD TOGETHER
56 Earned income credit. See instructions, page 19			
57 Working family credit. See instructions, page 19			
58 Credit for income taxes paid to another state (AZ, CA, IN, VA). Attach proof			
59 Child and dependent care credit. See instructions, page 20			
60 Other credits. Identify _____			} ADD TOGETHER
61 Total credits. Add lines 55 through 60			
62 Net income tax. Line 54 minus line 61. If line 61 is more than line 54 fill in -0-			
TAX PAYMENTS, PENALTY & INTEREST			
63 Oregon income tax withheld from income. Attach Forms W-2 and 1099			} ADD TOGETHER
64 Estimated tax payments for 1999 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			
67 Tax-to-pay. Is line 62 more than line 65? If so, line 62 minus line 65			
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 2000 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 <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
75 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
76 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
77 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
78 AIDS/HIV Education & Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
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.

150-101-048 (Rev. 9-99)

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