

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

Remember to write in your Social Security No.	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"/>			

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

For office use only	1	2	3
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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. Staple all Forms W-2 below	8	<input type="checkbox"/>	<input type="checkbox"/>
9 Taxable interest income 9a _____ plus dividend income 9b	9	<input type="checkbox"/>	<input type="checkbox"/>
10 State and local income tax refunds from federal Form 1040, line 10	10	<input type="checkbox"/>	<input type="checkbox"/>
11 Alimony received from federal Form 1040, line 11	11	<input type="checkbox"/>	<input type="checkbox"/>
12 Business income or loss from federal Form 1040, line 12	12	<input type="checkbox"/>	<input type="checkbox"/>
13 Capital gain or loss from federal Form 1040, line 13	13	<input type="checkbox"/>	<input type="checkbox"/>
14 Other gains or losses from federal Form 1040, line 14	14	<input type="checkbox"/>	<input type="checkbox"/>
15 Total IRA distributions from federal Form 1040, line 15b	15	<input type="checkbox"/>	<input type="checkbox"/>
16 Pensions and annuities from federal Form 1040, line 16b	16	<input type="checkbox"/>	<input type="checkbox"/>
17 Rents, royalties, partnerships, etc., from federal Form 1040, line 17	17	<input type="checkbox"/>	<input type="checkbox"/>
18 Farm income or loss from federal Form 1040, line 18	18	<input type="checkbox"/>	<input type="checkbox"/>
19 Unemployment and other income from federal Form 1040, lines 19 through 21	19	<input type="checkbox"/>	<input type="checkbox"/>
20 Total income. Add lines 8 through 19	20a	<input type="checkbox"/>	<input type="checkbox"/> ● 20b
ADJUSTMENTS TO INCOME			
21 IRA and Keogh contribution from federal Form 1040, lines 23 and 29	21	<input type="checkbox"/>	<input type="checkbox"/>
22 Student loan interest deduction from federal form 1040, line 24	22	<input type="checkbox"/>	<input type="checkbox"/>
23 Medical savings account deduction from federal Form 1040, line 25	23	<input type="checkbox"/>	<input type="checkbox"/>
24 Moving expense from federal Form 1040, line 26	24	<input type="checkbox"/>	<input type="checkbox"/>
25 Deduction for self-employment tax from federal Form 1040, line 27	25	<input type="checkbox"/>	<input type="checkbox"/>
26 Self-employed health insurance deduction from federal Form 1040, line 28	26	<input type="checkbox"/>	<input type="checkbox"/>
27 Penalty on early withdrawal of savings from federal Form 1040, line 30	27	<input type="checkbox"/>	<input type="checkbox"/>
28 Alimony paid from federal Form 1040, line 31a	28	<input type="checkbox"/>	<input type="checkbox"/>
29 Total adjustments to income. Add lines 21 through 28	29	<input type="checkbox"/>	<input type="checkbox"/>
30 Income after adjustments. Line 20 minus line 29	30a	<input type="checkbox"/>	<input type="checkbox"/> ● 30b
ADDITIONS			
31 Interest on government bonds of states other than Oregon	● 31	<input type="checkbox"/>	<input type="checkbox"/>
32 Federal election on interest and dividends of a minor child	● 32	<input type="checkbox"/>	<input type="checkbox"/>
33 Other additions. Identify _____	● 33	<input type="checkbox"/>	<input type="checkbox"/>
34 Total additions. Add lines 31 through 33	34a	<input type="checkbox"/>	<input type="checkbox"/> ● 34b
35 Income after additions. Add lines 30 and 34	35a	<input type="checkbox"/>	<input type="checkbox"/> ● 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			
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%)			
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 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 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 25			} 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 \$134 X Oregon percentage from line 40			} ADD TOGETHER
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. 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, 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			
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	<input type="checkbox"/> Your signature Date	Signature of preparer other than taxpayer License No.
	<input type="checkbox"/> Spouse's signature (If filing jointly, BOTH must sign even if only one had income)	Address