

# Oregon Individual Income Tax Return

# Form 40P 2000

**PART-YEAR RESIDENT**

For office use only	
Date received	

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

Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth year		<b>For office use only</b>	
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		1	
Current mailing address				Telephone number ( )				2	
City		State	ZIP code		If you filed a return in 1999, and this address is different, check here <input type="checkbox"/>			3	

<b>Filing Status</b> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly 3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number) 4 <input type="checkbox"/> Head of household _____ (Person who qualifies you) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child		<b>Exemptions</b> Regular Severely disabled 6a Yourself <input type="text"/> <input type="text"/> Total 6a <input type="text"/> 6b Spouse <input type="text"/> <input type="text"/> b <input type="text"/> 6c All dependents _____ c <input type="text"/> (First names) d <input type="text"/> 6d Disabled children only _____ d <input type="text"/> (First names) Total 6e <input type="text"/>	
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7 Check if: You were:  65 or older  Blind  
 Spouse was:  65 or older  Blind

Check if you filed an extension

Check here to donate your kicker refund to the School Fund

Staple W-2 and 1099 forms showing Oregon withholding here

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

<b>Mail tax-to-pay returns to:</b> Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940	<b>Mail refund returns and no-tax-due returns to:</b> REFUND, PO Box 14700, Salem OR 97309-0930
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Federal column

Oregon column

36 Amount from front of form, line 35 ..... 36 

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**SUBTRACTIONS**

37 Social Security and tier 1 railroad retirement income included on line 19 ..... ● 37 

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38 Other subtractions. Identify ..... ● 38a 

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39 Income after subtractions. Line 36 minus line 37 and 38 ..... 39a 

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 ● 39b 

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40 **Oregon percentage.** Line 39b divided by line 39a (not more than 100%) 40 

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41 Amount from line 39a (federal amount) ..... 41 

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**DEDUCTIONS AND MODIFICATIONS**

42 Itemized deductions from **federal Schedule A**, line 28 ..... ● 42 

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 } **EITHER, NOT BOTH**

43 State income tax claimed as an itemized deduction. See instructions, page 24 ..... ● 43 

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44 Net Oregon itemized deductions. Line 42 minus line 43 ..... 44 

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45 Standard deduction from page 25 ..... 45 

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46 2000 federal tax (\$0 – \$3,000, see instructions for the correct amount) ..... ● 46 

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47 Other deductions and modifications. Identify ..... ● 47 

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48 Total. Add lines 45, 46, and 47 **or** lines 44, 46, and 47. Fill in the larger amount ..... 48 

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49 Taxable income. Line 41 minus line 48 ..... ● 49 

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**OREGON TAX**

50 Tax on amount shown on line 49. See page 25 ..... 50 

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51 Oregon income tax. Line 50 X **Oregon percentage** from line 40 ..... ● 51 

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 } **ADD TOGETHER**

52 Interest on certain installment sales ..... ● 52 

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53 Total Oregon income tax. Add lines 51 and 52 ..... 53 

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**CREDITS**

54 **Exemption credit.** Line 6e X \$139 X **Oregon percentage** from line 40 ..... 54 

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 } **ADD TOGETHER**

55 Earned income credit. See instructions, page 26 ..... ● 55 

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56 Working family credit. See instructions, page 26 ..... ● 56 

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57 Retirement income credit. See instructions, page 28 ..... ● 57 

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58 Child and dependent care credit. See instructions, page 20 ..... ● 58 

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59 Credit for income taxes paid to another state. **Attach proof** ..... ● 59 

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60 Other credits. Identify ..... ● 60 

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61 Total credits. Add lines 54 through 60 ..... 61 

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62 Net income tax. Line 53 minus line 61. If line 61 is more than line 53 fill in -0- ..... ● 62 

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**TAX PAYMENTS, PENALTY & INTEREST**

63 Oregon income tax withheld from income. **Attach Forms W-2 and 1099** ..... ● 63 

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 } **ADD TOGETHER**

64 Estimated tax payments for 2000 and payments made with your extension ..... ● 64 

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65 Total payments. Add lines 63 and 64 ..... 65 

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66 **Overpayment.** Is line 62 **less** than line 65? If so, line 65 minus line 62 ..... ● OVERPAYMENT ..... ● 66 

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67 **Tax-to-pay.** Is line 62 **more** than line 65? If so, line 62 minus line 65 ..... ● TAX-TO-PAY ..... ● 67 

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68 Penalty and interest for filing or paying late. See instructions on page 21 ..... ● 68 

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 } **ADD TOGETHER**

69 Interest on estimated tax underpayment. **If Form 10 is attached, check**  ..... ● 69 

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70 Total penalty and interest due. Add lines 68 and 69 ..... 70 

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71 **Amount-you-owe.** Add lines 67 and 70 ..... **Stop here!** AMOUNT-YOU-OWE ..... 71 

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72 **Refund.** Is line 66 more than line 70? If so, line 66 minus line 70 ..... REFUND ..... 72 

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73 **Estimated tax.** Fill in the part of line 72 you want applied to your **2001** estimated tax ..... ● 73 

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I wish to donate part of my refund, line 72, to the following fund(s):

74 Oregon Nongame Wildlife .....  \$1,  \$5,  \$10,  Other \$ ..... ● 74 

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 } **These will reduce your refund**

75 Child Abuse Prevention .....  \$1,  \$5,  \$10,  Other \$ ..... ● 75 

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76 Alzheimer's Disease Research .....  \$1,  \$5,  \$10,  Other \$ ..... ● 76 

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77 Stop Domestic & Sexual Violence .....  \$1,  \$5,  \$10,  Other \$ ..... ● 77 

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78 AIDS/HIV Education & Services ...  \$1,  \$5,  \$10,  Other \$ ..... ● 78 

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79 Other charity. **Enter code** ●  \$1,  \$5,  \$10,  Other \$ ..... ● 79 

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80 Total. Add lines 73 through 79. **Total can't be more than the refund on line 72** ..... 80 

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81 **Net refund.** Line 72 minus line 80. This is your net refund ..... NET REFUND 81 

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**Attach a Copy of Federal Form 1040, 1040A, or 1040EZ. Do Not Attach Other Federal Schedules.**

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	