

# Oregon Individual Income Tax Return

# 2001

PART-YEAR RESIDENT

# Form 40P

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	Social Security No. (SSN) - -	Birth year	For office use only 1
Spouse's last name if different and joint return	Spouse's first name and initial if joint return	Spouse's SSN, if joint return - -	Spouse's birth year	
Current mailing address		Telephone number ( )		2
City	State	ZIP code	If you filed a return in 2000, and this address is different, check here <input type="checkbox"/>	3

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

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

7b Check if you filed an extension

		Federal column	Oregon column
<b>INCOME</b>	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 IRA distributions from federal Form 1040, line 15b .....	15	
Staple W-2 and 1099 forms showing Oregon withholding here	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 or SEP and SIMPLE contributions, federal Form 1040, lines 23 and 29 .....	21	
	22 Student loan interest deduction from federal form 1040, line 24 .....	22	
	23 Archer MSA 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

<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	36	
<b>SUBTRACTIONS</b>	37 Social Security and tier 1 railroad retirement income included on line 19 .....	• 37		
	38 Other subtractions. Identify .....	• 38a	• 38b	
	39 Income after subtractions. Line 36 minus lines 37 and 38 .....	39a	• 39b	
	40 <b>Oregon percentage.</b> Line 39b ÷ line 39a (not more than 100%)..... 40 <span style="border: 1px solid black; padding: 2px;">        </span> %			
41 Amount from line 39a (federal amount) .....			41	
<b>DEDUCTIONS AND MODIFICATIONS</b>	42 Itemized deductions from <b>federal Schedule A</b> , line 28 .....	• 42	} <b>EITHER, NOT BOTH</b>	
	43 State income tax claimed as itemized deduction. See instructions, page 24 .....	• 43		
	44 Net Oregon itemized deductions. Line 42 minus line 43 .....	44		
	45 Standard deduction from page 24 .....	45		
	46 2001 federal tax (\$0 – \$3,000, see instructions for the correct amount) .....	• 46		
	47 Other deductions and modifications. Identify .....	• 47		
	48 Add lines 45, 46, and 47 <b>or</b> lines 44, 46, and 47. Fill in the larger amount .....			48
49 Taxable income. Line 41 minus line 48 .....			• 49	
<b>OREGON TAX</b>	50 <b>Tax</b> on amount shown on line 49. See page 25 .....	50		
	51 Oregon income tax. Line 50 X <b>Oregon percentage</b> from line 40 .....	• 51	} <b>ADD TOGETHER</b>	
	52 Interest on certain installment sales .....	• 52		
	53 <b>TOTAL TAX.</b> Add lines 51 and 52 .....			53
<b>CREDITS</b>	54 <b>Exemption credit.</b> Line 6e X \$142 X <b>Oregon percentage</b> from line 40 .....	54	} <b>ADD TOGETHER</b>	
	55 Earned income credit. See instructions, page 25 .....	• 55		
	56 Working family credit. See instructions, page 26 .....	• 56		
	57 Retirement income credit. See instructions, page 26 .....	• 57		
	58 Child and dependent care credit. See instructions, page 28 .....	• 58		
	59 Credit for income taxes paid to another state. <b>Attach proof</b> .....	• 59		
	60 Other credits. Identify .....	• 60		
61 Total credits. Add lines 54 through 60 .....			61	
62 Net income tax. Line 53 minus line 61. If line 61 is more than line 53 fill in -0- .....			• 62	
<b>TAX PAYMENTS, PENALTY, AND INTEREST</b>	63 Oregon income tax withheld from income. <b>Attach Forms W-2 and 1099</b> .....	• 63	} <b>ADD TOGETHER</b>	
	64 Estimated tax payments for 2001 and payments made with your extension .....	• 64		
	65 Total payments. Add lines 63 and 64 .....			65
	66 <b>Overpayment.</b> Is line 62 less than line 65? If so, line 65 minus line 62 .....	• OVERPAYMENT	• 66	} <b>ADD TOGETHER</b>
	67 <b>Tax-to-pay.</b> Is line 62 more than line 65? If so, line 62 minus line 65 .....	• TAX-TO-PAY	• 67	
	68 Penalty and interest for filing or paying late. See instructions on page 28 .....		• 68	} <b>ADD TOGETHER</b>
	69 Interest on estimated tax underpayment. <b>If Form 10 is attached, check</b> <input type="checkbox"/> <b>69</b> .....	• 69		
70 Total penalty and interest due. Add lines 68 and 69 .....			70	
71 <b>Amount-you-owe.</b> Add lines 67 and 70 .....		<b>Stop here! AMOUNT-YOU-OWE</b>	71	
72 <b>Refund.</b> Is line 66 more than line 70? If so, line 66 minus line 70 .....		<b>REFUND</b>	72	
73 <b>Estimated tax.</b> Fill in the part of line 72 you want applied to your <b>2002</b> estimated tax .....		• 73		
<b>DONATIONS</b> <i>I wish to donate part of my tax refund to the following fund(s)</i>	74 Oregon Nongame Wildlife ..... <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 74	} <b>These will reduce your refund</b>	
	75 Child Abuse Prevention ..... <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 75		
	76 Alzheimer's Disease Research ..... <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 76		
	77 Stop Domestic & Sexual Violence ..... <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 77		
	78 AIDS/HIV Education and Services ..... <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 78		
	79 Other charity. <b>Enter code</b> ● <span style="border: 1px solid black; padding: 2px;">        </span> <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ .....	• 79		
	80 Total. Add lines 73 through 79. Total can't be more than your refund on line 72 .....			
81 <b>NET REFUND.</b> Line 72 minus line 80. This is your net refund .....		<b>NET REFUND</b>	81	

**DIRECT DEPOSIT** 82 For direct deposit of your refund, see the instructions on pages 3 and 30. ● **Type of account:**  Checking **or**  Savings

● Routing No.          ● Account No.         

**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.		I authorize the Department of Revenue to discuss this return with this preparer or any member of his or her firm. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SIGN HERE</b>	Your signature	Date	Signature of preparer other than taxpayer
X			X
	Spouse's signature (If filing jointly, BOTH must sign)	Date	Address
X			Telephone No.