

Amended Return

# 2005

# OREGON Individual Income Tax Return FOR PART-YEAR RESIDENTS

# Form 40P

W

For office use only

Oregon resident: From mm / dd / yyyy To mm / dd / yyyy

Fiscal year ending

K F P Q R

Last name	First name and initial <input type="checkbox"/> Deceased	Social Security No. (SSN) - -	Date of birth (mm/dd/yyyy)
Spouse's last name if joint return	Spouse's first name and initial if joint return <input type="checkbox"/> Deceased	Spouse's SSN if joint return - -	Date of birth (mm/dd/yyyy)

Current mailing address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Country \_\_\_\_\_

If you filed a return last year, and your name or address is different, check here

**Filing Status**

1  Single

2  Married filing jointly

3  Married filing separately  
Spouse's name \_\_\_\_\_  
Spouse's SSN \_\_\_\_\_

4  Head of household Person who qualifies you \_\_\_\_\_

5  Qualifying widow(er) with dependent child

**Exemptions**

6a Yourself.....Regular <input type="checkbox"/>	..... Severely disabled <input type="checkbox"/>	..... 6a <input type="checkbox"/>
6b Spouse.....Regular <input type="checkbox"/>	..... Severely disabled <input type="checkbox"/>	..... b <input type="checkbox"/>
6c All dependents First names _____	..... c <input type="checkbox"/>	
6d Disabled children only First names _____	..... d <input type="checkbox"/>	
<b>Total</b> • 6e		<input type="checkbox"/>

Check all that apply →

**7a** • You were:  65 or older  Blind  
Spouse was:  65 or older  Blind

**7b** •  You filed an extension

**7c** •  You filed federal Form 8886

**7d**  You filed an Oregon Form 24

		Federal column	Oregon column
<b>INCOME</b>	8 Wages, salaries, and other pay for work. <b>Staple all Forms W-2 below</b> .....	8 .00	.00
	9 Taxable interest income from federal Form 1040, line 8a .....	9 .00	.00
	10 Dividend income from federal Form 1040, line 9a .....	10 .00	.00
	11 State and local income tax refunds from federal Form 1040, line 10 .....	11 .00	.00
	12 Alimony received from federal Form 1040, line 11 .....	12 .00	.00
	13 Business income or loss from federal Form 1040, line 12 .....	13 .00	.00
	14 Capital gain or loss from federal Form 1040, line 13 .....	14 .00	.00
	15 Other gains or losses from federal Form 1040, line 14 .....	15 .00	.00
	16 IRA distributions from federal Form 1040, line 15b .....	16 .00	.00
	17 Pensions and annuities from federal Form 1040, line 16b .....	17 .00	.00
	18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17 .....	18 .00	.00
	19 Farm income or loss from federal Form 1040, line 18 .....	19 .00	.00
	20 Unemployment and other income from federal Form 1040, lines 19 through 21 ....	20 .00	.00
	21 Total income. Add lines 8 through 20 .....	•21a .00	•21b .00
<b>ADJUSTMENTS TO INCOME</b>	22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32 .....	22 .00	.00
	23 Education deductions from federal Form 1040, lines 23, 33, and 34 .....	23 .00	.00
	24 Moving expenses from federal Form 1040, line 26 .....	24 .00	.00
	25 Deduction for self-employment tax from federal Form 1040, line 27 .....	25 .00	.00
	26 Self-employed health insurance deduction from federal Form 1040, line 29 .....	26 .00	.00
	27 Alimony paid from federal Form 1040, line 31a .....	27 .00	.00
	28 Other adjustments to income. Identify: 28a <input type="checkbox"/> 28b <input type="checkbox"/> .....	28 .00	.00
	29 Total adjustments to income. Add lines 22 through 28 .....	•29a .00	•29b .00
	30 Income after adjustments. Line 21 minus line 29 .....	•30a .00	•30b .00
<b>ADDITIONS</b>	31 Interest on state and local government bonds outside of Oregon .....	• 31 .00	.00
	32 Federal election on interest and dividends of a minor child .....	• 32 .00	.00
	33 Other additions. •33a <input type="checkbox"/> •33b \$ <input type="checkbox"/> •33c <input type="checkbox"/> •33d \$ <input type="checkbox"/> .....	• 33 .00	.00
	34 Total additions. Add lines 31 through 33 .....	•34a .00	•34b .00
	35 Income after additions. Add lines 30 and 34 .....	•35a .00	•35b .00

Attach a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR. Do not attach other federal schedules.

Mail <b>TAX-TO-PAY</b> returns to	Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Mail <b>REFUND</b> returns and <b>NO-TAX-DUE</b> returns to	REFUND PO Box 14700 Salem OR 97309-0930
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Main form area with sections: SUBTRACTIONS, DEDUCTIONS AND MODIFICATIONS, OREGON TAX, CREDITS, PAYMENTS, PENALTY, AND INTEREST, CHARITABLE CHECKOFFS PAGE 31, and DIRECT DEPOSIT. Includes various input fields and calculation columns.

Declaration and signature section. Includes text: 'Under penalties for false swearing, I declare that I have examined this return...' and fields for 'Your signature', 'Spouse's signature', 'Signature of preparer other than taxpayer', and 'License No.'.