

Amended Return

Form **40N**

OREGON
INDIVIDUAL INCOME TAX RETURN
FOR NONRESIDENTS

2006

W

For office use only

Oregon resident:	From mm / dd / yyyy	To mm / dd / yyyy	Fiscal year ending	K	F	P	Q	R
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Last name	First name and initial	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	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 <input type="checkbox"/>

Filing Status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly 3 <input type="checkbox"/> Married filing separately 4 <input type="checkbox"/> Head of household 5 <input type="checkbox"/> 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 (see instructions) d <input type="checkbox"/> Total 6e <input type="checkbox"/>
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Check all that apply →	7a You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	7b <input type="checkbox"/> You filed an extension	7c <input type="checkbox"/> You filed federal Form 8886	7d <input type="checkbox"/> You filed an Oregon Form 24	7e <input type="checkbox"/> If there is a kicker refund, you want to donate your kicker to the State School Fund
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			Federal column (F)	Oregon column (S)
INCOME	8 Wages, salaries, and other pay for work. Staple all Forms W-2 below	8F	.00	8S .00
	9 Taxable interest income from federal Form 1040, line 8a.....	9F	.00	9S .00
	10 Dividend income from federal Form 1040, line 9a.....	10F	.00	10S .00
	11 State and local income tax refunds from federal Form 1040, line 10.....	11F	.00	11S .00
	12 Alimony received from federal Form 1040, line 11.....	12F	.00	12S .00
	13 Business income or loss from federal Form 1040, line 12.....	13F	.00	13S .00
	14 Capital gain or loss from federal Form 1040, line 13.....	14F	.00	14S .00
	15 Other gains or losses from federal Form 1040, line 14.....	15F	.00	15S .00
	16 IRA distributions from federal Form 1040, line 15b.....	16F	.00	16S .00
	17 Pensions and annuities from federal Form 1040, line 16b.....	17F	.00	17S .00
	18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17.....	18F	.00	18S .00
19 Farm income or loss from federal Form 1040, line 18.....	19F	.00	19S .00	
20 Unemployment and other income from federal Form 1040, lines 19 through 21 ...	20F	.00	20S .00	
21 Total income. Add lines 8 through 20	21F	.00	21S .00	
ADJUSTMENTS TO INCOME	22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32.....	22F	.00	22S .00
	23 Student loan interest from federal Form 1040, line 33.....	23F	.00	23S .00
	24 Moving expenses from federal Form 1040, line 26.....	24F	.00	24S .00
	25 Deduction for self-employment tax from federal Form 1040, line 27.....	25F	.00	25S .00
	26 Self-employed health insurance deduction from federal Form 1040, line 29.....	26F	.00	26S .00
	27 Alimony paid from federal Form 1040, line 31a.....	27F	.00	27S .00
	28 Other adjustments to income. Identify: 28a <input type="checkbox"/> 28b \$ <input type="checkbox"/>	28F	.00	28S .00
	29 Total adjustments to income. Add lines 22 through 28	29F	.00	29S .00
	30 Income after adjustments. Line 21 minus line 29	30F	.00	30S .00
	ADDITIONS	31 Interest on state and local government bonds outside of Oregon	31F	.00
32 Federal election on interest and dividends of a minor child		32F	.00	32S .00
33 Other additions. •33a <input type="checkbox"/> •33b \$ <input type="checkbox"/> •33c <input type="checkbox"/> •33d \$ <input type="checkbox"/>		33F	.00	33S .00
34 Total additions. Add lines 31 through 33		34F	.00	34S .00
35 Income after additions. Add lines 30 and 34		35F	.00	35S .00
SUBTRACTIONS	36 Social Security and tier 1 Railroad Retirement Board benefits included on line 20	36F	.00	36S .00
	37 Other subtractions. •37a <input type="checkbox"/> •37b \$ <input type="checkbox"/> •37c <input type="checkbox"/> •37d \$ <input type="checkbox"/>	37F	.00	37S .00
	38 Income after subtractions. Line 35 minus lines 36 and 37	38F	.00	38S .00
	39 Oregon percentage. Line 38S ÷ line 38F (not more than 100%)... •39 <input type="checkbox"/> %	39		

▲ Carry this amount to line 40

	40 Amount from front of form, line 38S (Oregon amount).....	40	.00	
DEDUCTIONS AND MODIFICATIONS	41 Itemized deductions from federal Schedule A, line 28..... ● 41	.00	EITHER, NOT BOTH	
	42 State income tax claimed as itemized deduction..... ● 42	.00		
	43 Net Oregon itemized deductions. Line 41 minus line 42..... ● 43	.00		
	44 Standard deduction from page 24..... ● 44	.00		
	45 2006 federal tax liability (\$0-\$5,000; see instructions for the correct amount).... ● 45	.00		
	46 Other deductions and modifications. Identify: ●46a <input type="text"/> ●46b \$ <input type="text"/> ● 46	.00		
	47 Deductions and modifications X Oregon percentage. See page 26..... 47	.00		
	48 Deductions and modifications not multiplied by the Oregon percentage. See page 26 ● 48	.00		
49 Total deductions and other modifications. Add lines 47 and 48..... ● 49	.00			
50 Oregon taxable income. Line 40 minus line 49..... ● 50	.00			
OREGON TAX	51 Tax. See page 27 for instructions. Enter tax here..... ● 51	.00		
	Check if tax is from: 51a <input type="checkbox"/> Tax charts or ● 51b <input type="checkbox"/> Form FIA-40N or ● 51c <input type="checkbox"/> Worksheet FCG			
	52 Interest on certain installment sales..... ● 52	.00		
53 Total tax before credits. Add lines 51 and 52.....	OREGON TAX →	● 53	.00	
NONREFUNDABLE CREDITS	54 Exemption credit. Line 6e X \$159 X Oregon percentage from line 39..... ● 54	.00	ADD TOGETHER	
	55 Child and dependent care credit. See instructions, page 27..... ● 55	.00		
ATTACH PROOF	56 Credit for income taxes paid to another state. State: ●56a <input type="text"/> ● 56	.00	ADD TOGETHER	
	57 Other credits. ●57a <input type="text"/> ●57b \$ <input type="text"/> ●57c <input type="text"/> ●57d \$ <input type="text"/> ● 57	.00		
	58 Total non-refundable credits. Add lines 54 through 57..... ● 58	.00		
	59 Net income tax. Line 53 minus line 58. If line 58 is more than line 53, fill in -0-..... ● 59	.00		
PAYMENTS AND REFUNDABLE CREDITS	60 Oregon income tax withheld from income. Attach Forms W-2 and 1099 ● 60	.00	ADD TOGETHER	
	61 Estimated tax payments for 2006 and payments made with your extension..... ● 61	.00		
	62 Earned income credit. See instructions, page 30..... ● 62	.00		
	63 Working family child care credit from WFC-N/P, line 21..... ● 63	.00		
	Number from WFC-N/P, line 5 ●63a <input type="text"/> Amount from WFC-N/P, line 18 ●63b \$ <input type="text"/>			
	64 Involuntary mobile home move credit (refundable). Attach Schedule MH..... ● 64	.00		
65 Total payments and refundable credits. Add lines 60 through 64..... ● 65	.00			
66 Overpayment. Is line 59 less than line 65? If so, line 65 minus line 59..... OVERPAYMENT → ● 66	.00			
67 Tax to pay. Is line 59 more than line 65? If so, line 59 minus line 65..... TAX TO PAY → ● 67	.00			
ATTACH SCHEDULE WFC-N/P IF YOU CLAIM THIS CREDIT	68 Penalty and interest for filing or paying late. See instructions, page 30..... 68	.00	ADD TOGETHER	
	69 Interest on underpayment of estimated tax. Attach Form 10 and check box <input type="checkbox"/> ● 69	.00		
Exception # from Form 10, line 1 ●69a <input type="text"/>				
70 Total penalty and interest due. Add lines 68 and 69..... ● 70	.00			
71 Amount you owe. Line 67 plus line 70..... AMOUNT YOU OWE → ● 71	.00			
72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70..... REFUND → ● 72	.00			
73 Estimated tax. Fill in the part of line 72 you want applied to 2007 estimated tax ● 73	.00			
CHARITABLE CHECKOFFS PAGE 31 <i>I want 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	.00	These will reduce your refund	
	75 Child Abuse Prevention..... <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 75	.00		
	76 Alzheimer's Disease Research..... <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 76	.00		
	77 Stop Domestic & Sexual Violence... <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 77	.00		
	78 AIDS/HIV Education and Services .. <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 78	.00		
	79 OR Military Financial Assistance..... <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 79	.00		
	80 Other charity. Code ●80a <input type="text"/> ... <input type="checkbox"/> \$1.... <input type="checkbox"/> \$5.... <input type="checkbox"/> \$10.... <input type="checkbox"/> Other \$..... ● 80	.00		
	81 Total. Add lines 73 through 80. Total can't be more than your refund on line 72..... ● 81	.00		
82 NET REFUND. Line 72 minus line 81. This is your net refund..... NET REFUND → ● 82	.00			
DIRECT DEPOSIT	83 For direct deposit of your refund, see the instructions on page 33. ● Type of Account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings			
	● Routing No. <input type="text"/>	● Account No. <input type="text"/>		

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

Under penalty of false swearing, I declare that the information in this return and attachments is true, correct, and complete.

Your signature X	Date	Signature of preparer other than taxpayer X	● License No.
Spouse's signature (if filing jointly, BOTH must sign) X		Date	
		Address	
		Telephone No.	