

Amended Return
2007

OREGON
INDIVIDUAL INCOME TAX RETURN
FOR NONRESIDENTS

Form
40N

For office use only

Oregon resident: From mm dd yyyy To mm dd yyyy Fiscal year ending K F P J

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

Filing Status: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child
Exemptions: 6a Yourself, 6b Spouse, 6c All dependents, 6d Disabled children only

Check all that apply: 7a You were 65 or older or Blind, 7b You filed an extension, 7c You have federal Form 8886, REIT, or RIC, 7d You filed Oregon Form 24

Table with columns: INCOME, ADJUSTMENTS TO INCOME, ADDITIONS, SUBTRACTIONS. Rows include wages, interest, dividends, adjustments, additions, and subtractions with federal and Oregon columns.

40	Amount from front of form, line 38S (Oregon amount)	40		.00
DEDUCTIONS AND MODIFICATIONS	41 Itemized deductions from federal Schedule A, line 29	41		.00
	42 State income tax or sales tax claimed as itemized deduction	42		.00
	43 Net Oregon itemized deductions. Line 41 minus line 42	43		.00
	44 Standard deduction from page 27	44		.00
	45 2007 federal tax liability (\$0-\$5,500; see instructions for the correct amount)	45		.00
	46 Other deductions and modifications. Identify: ●46x <input type="checkbox"/> ●46y \$ <input type="text"/> Schedule 46z <input type="checkbox"/>	46		.00
47 Deductions and modifications X Oregon percentage. See page 29	47		.00	
48 Deductions and modifications not multiplied by the Oregon percentage. See page 29	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	

EITHER, NOT BOTH

OREGON TAX	51 Tax. See page 29 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 Attach proof →	54 Exemption credit. See instructions, page 30	54		.00
	55 Credit for income taxes paid to another state. State: ●55y <input type="checkbox"/> Schedule 55z <input type="checkbox"/>	55		.00
	56 Other credits. Identify: ●56x <input type="checkbox"/> ●56y \$ <input type="text"/> Schedule attached 56z <input type="checkbox"/>	56		.00
	57 Total non-refundable credits. Add lines 54 through 56	57		.00
58 Net income tax. Line 53 minus line 57. If line 57 is more than line 53, enter -0-	58		.00	

ADD TOGETHER

PAYMENTS AND REFUNDABLE CREDITS Attach Schedule WFC-N/P if you claim this credit	59 Oregon income tax withheld from income. Attach Forms W-2 and 1099	59		.00
	60 Estimated tax payments for 2007 and payments made with your extension	60		.00
	61 Nonresidents. Tax withheld from pass-through entity	61		.00
	62 Earned income credit. See instructions, page 33	62		.00
	63 Working family child care credit from WFC-N/P, line 21 Number from WFC-N/P, line 5 ●63a <input type="checkbox"/> Amount from WFC-N/P, line 18 ●63b \$ <input type="text"/>	63		.00
	64 Mobile home park closure credit. Attach Schedule MPC	64		.00
65 Total payments and refundable credits. Add lines 59 through 64	65		.00	
66 Overpayment. Is line 58 less than line 65? If so, line 65 minus line 58	OVERPAYMENT →	66		.00
67 Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65	TAX TO PAY →	67		.00

ADD TOGETHER

68 Penalty and interest for filing or paying late. See instructions, page 33	68		.00	
69 Interest on underpayment of estimated tax. Attach Form 10 and check box <input type="checkbox"/> Exception # from Form 10, line 1 ●69a <input type="checkbox"/>	69		.00	
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

ADD TOGETHER

CHARITABLE CHECKOFFS PAGE 34 I want to donate part of my tax refund to the following fund(s)	Oregon Nongame Wildlife ●74		.00	Child Abuse Prevention ●75		.00
	Alzheimer's Disease Research ●76		.00	Stop Dom. & Sexual Violence ●77		.00
	AIDS/HIV Education & Services ●78		.00	OR Military Financial Assist. ●79		.00
	Habitat for Humanity ●80		.00	OR Head Start Association ●81		.00
	American Diabetes Association ●82		.00	Oregon Coast Aquarium ●83		.00
	SMART ●84		.00	SOLV ●85		.00
	Charity code ●86a <input type="checkbox"/> ●86b <input type="checkbox"/>		.00	Charity code ●87a <input type="checkbox"/> ●87b <input type="checkbox"/>		.00

These will reduce your refund

88 Total. Add lines 73 through 87. Total can't be more than your refund on line 72	88		.00	
89 NET REFUND. Line 72 minus line 88. This is your net refund	NET REFUND →	89		.00

DIRECT DEPOSIT	90 For direct deposit of your refund, see the instructions on page 36.	● 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 for false swearing, I declare that the information in this return and attachments is true, correct, and complete.

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