

Amended Return

2007

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 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, Total 6e

Check all that apply: 7a You were 65 or older, Spouse was 65 or older, 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, salaries, interest, dividends, IRA distributions, etc. Federal column (F) and Oregon column (S) with amounts.

		40	Amount from front of form, line 38F ( <b>federal amount</b> ).....	40		.00		
<b>DEDUCTIONS AND MODIFICATIONS</b>	41	Itemized deductions from federal Schedule A, line 29 .....	• 41		.00	}	<b>EITHER, NOT BOTH</b>	
	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 ( <b>\$0-\$5,500; see instructions</b> 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	Add lines 43, 45, and 46 if itemizing. Otherwise, add lines 44, 45, and 46 .....	• 47		.00			
	48	Taxable income. Line 40 minus line 47 .....	• 48		.00			
<b>OREGON TAX</b>	49	<b>Tax from tax charts.</b> <input type="checkbox"/> See instructions, page 29 .....	• 49		.00			
	50	<b>Oregon income tax.</b> Line 49 X <b>Oregon percentage</b> from line 39, or.....	• 50		.00			
		Check if tax is from: • 50a <input type="checkbox"/> Form FIA-40P or • 50b <input type="checkbox"/> Worksheet FCG						
	51	Interest on certain installment sales.....	• 51		.00			
	52	Total tax before credits. Add lines 50 and 51 .....		OREGON TAX →	• 52		.00	
<b>NONREFUNDABLE CREDITS</b>	53	<b>Exemption credit.</b> See instructions, page 30 .....	• 53		.00	}	<b>ADD TOGETHER</b>	
	54	Child and dependent care credit. See instructions, page 31.....	• 54		.00			
<b>ATTACH PROOF</b>	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 53 through 56 .....	• 57		.00			
	58	Net income tax. Line 52 minus line 57. If line 57 is more than line 52, enter -0- .....	• 58		.00			
<b>PAYMENTS AND REFUNDABLE CREDITS</b>	59	Oregon income tax withheld from income. <b>Attach Forms W-2 and 1099</b> .....	• 59		.00	}	<b>ADD TOGETHER</b>	
	60	Estimated tax payments for 2007 and payments made with your extension .....	• 60		.00			
	61	<b>Nonresidents.</b> Tax withheld from pass-through entity .....	• 61		.00			
	62	Earned income credit. See instructions, page 33 .....	• 62		.00			
Attach Schedule WFC-N/P if you claim this credit	63	<b>Working family child care credit</b> 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	Mobile home park closure credit. Attach Schedule MPC.....	• 64		.00			
	65	Total payments and refundable credits. Add lines 59 through 64.....	• 65		.00			
	66	<b>Overpayment.</b> Is line 58 <b>less</b> than line 65? If so, line 65 minus line 58.....		<b>OVERPAYMENT →</b>	• 66		.00	
	67	<b>Tax to pay.</b> Is line 58 <b>more</b> than line 65? If so, line 58 minus line 65 .....		<b>TAX TO PAY →</b>	• 67		.00	
	68	Penalty and interest for filing or paying late. See instructions, page 33.....	68		.00	}	<b>ADD TOGETHER</b>	
	69	Interest on underpayment of estimated tax. <b>Attach Form 10 and check box</b> <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	<b>Amount you owe.</b> Line 67 plus line 70 .....		<b>AMOUNT YOU OWE →</b>	• 71		.00	
	72	<b>Refund.</b> Is line 66 more than line 70? If so, line 66 minus line 70 .....		<b>REFUND →</b>	• 72		.00	
	73	<b>Estimated tax.</b> Fill in the part of line 72 you want applied to <b>2008</b> estimated tax .....	• 73		.00			
<b>CHARITABLE CHECKOFFS PAGE 34</b> <i>I want to donate part of my tax refund to the following fund(s)</i>	Oregon Nongame Wildlife • 74	<input type="checkbox"/>	.00	Child Abuse Prevention • 75	<input type="checkbox"/>	.00	}	<b>These will reduce your refund</b>
	Alzheimer's Disease Research • 76	<input type="checkbox"/>	.00	Stop Dom. & Sexual Violence • 77	<input type="checkbox"/>	.00		
	AIDS/HIV Education & Services • 78	<input type="checkbox"/>	.00	OR Military Financial Assist. • 79	<input type="checkbox"/>	.00		
	Habitat for Humanity • 80	<input type="checkbox"/>	.00	OR Head Start Association • 81	<input type="checkbox"/>	.00		
	American Diabetes Association • 82	<input type="checkbox"/>	.00	Oregon Coast Aquarium • 83	<input type="checkbox"/>	.00		
	SMART • 84	<input type="checkbox"/>	.00	SOLV • 85	<input type="checkbox"/>	.00		
	Charity code • 86a <input type="text"/> • 86b <input type="text"/>		.00	Charity code • 87a <input type="text"/> • 87b <input type="text"/>		.00		
	88	Total. Add lines 73 through 87. Total can't be more than your refund on line 72 .....	• 88		.00			
	89	<b>NET REFUND.</b> Line 72 minus line 88. This is your net refund .....		<b>NET REFUND →</b>	• 89		.00	

**DIRECT DEPOSIT** 90 For direct deposit of your refund, see the instructions on page 36. • **Type of Account:**  Checking or  Savings

• Routing No.  • Account No.

**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  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.