Clear Form

Amended Return ☐

Form **40P**

OREGON Individual Income Tax Return 2010

FOR PART-YEAR RESIDENTS

For office use only

K F P J

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

Fiscal year ending

Last name	First name and initial ☐ Deceased	Social Security No. (SSN) – –	Date of birth *(mm/dd/yyyy)*
Spouse's/RDP's last name if joint return	Spouse's/RDP's first name and initial if joint return ☐ Deceased	Spouse's/RDP'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 Check only **one** box

1 ☐ Single
2a ☐ Married filing jointly
2b ☐ Registered domestic partners (RDP) filing jointly
3a ☐ Married filing separately:
Spouse's name _____ Spouse's SSN _____
3b ☐ Registered domestic partner filing separately:
Partner's name _____ Partner's SSN _____
4 ☐ Head of household: Person who qualifies you _____
5 ☐ Qualifying widow(er) with dependent child

Exemptions

		●	●	Total
6a Yourself	Regular		Severely disabled	6a
6b Spouse/RDP	Regular		Severely disabled	b
6c All dependents	First names _____			● c
6d **Disabled** children only (see instructions)	First names _____			● d
			Total	● 6e

Check **all** that apply➛

7a **You were:** ● ☐ 65 or older ● ☐ Blind
Spouse/RDP was: ☐ 65 or older ☐ Blind

7b ● ☐ You filed an **extension**

7c ● ☐ You have federal **Form 8886**

7d ☐ You filed Oregon **Form 24**

7e ● ☐ If there is a kicker refund, I want to **donate mine** to the State School Fund

				Federal column (F)			Oregon column (S)	
INCOME	8	Wages, salaries, and other pay for work. **Include all Forms W-2**	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
Include proof of withholding (W-2s, 1099s), payment, and payment voucher	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	Education deductions from federal Form 1040, lines 23, 33, and 34	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: ●28x ____ ●28y $ ____ Schedule 28z ☐	● 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	●31S		.00
	32	Federal election on interest and dividends of a minor child	● 32F		.00	●32S		.00
	33	Other additions. Identify: ●33x ____ ●33y $ ____ Schedule included 33z ☐	● 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 20F	● 36F		.00			
	37	Other subtractions. Identify: ●37x ____ ●37y $ ____ Schedule included 37z ☐	● 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 100.0%) ●39 ___ ___ ___.___ %		➛ *Carry this amount to line 40*				

NOW GO TO THE BACK OF THE FORM ➛

	40 Amount from front of form, line 38F (**federal** amount)	40	.00
DEDUCTIONS AND MODIFICATIONS	41 Itemized deductions from federal Schedule A, line 29	● 41	.00
	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 25	● 44	.00
	45 2010 federal tax liability (**$0–$5,850; see instructions** for the correct amount)	● 45	.00
	46 Other deductions and modifications. Identify: ●46x ●46y $ Schedule 46z ☐	● 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
OREGON TAX	49 **Tax from tax charts.** 49a ☐ See instructions, page 27	● 49	.00
	50 **Oregon income tax.** Line 49 X **Oregon percentage** from line 39, **or**	● 50	.00
	Check if tax is from: ● 50a ☐ Form FIA-40P or ● 50b ☐ Worksheet FCG		
	51 Interest on certain installment sales	● 51	.00
	52 Total tax before credits. Add lines 50 and 51 ... OREGON TAX➔	● 52	.00
NONREFUNDABLE CREDITS	53 **Exemption credit.** See instructions, page 28	● 53	.00
	54 Child and dependent care credit. See instructions, page 29	● 54	.00
INCLUDE PROOF	55 Credit for income taxes paid to another state. State: ●55y Schedule 55z ☐	● 55	.00
	56 Other credits. Identify: ●56x ●56y $ Schedule included 56z ☐	● 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
PAYMENTS AND REFUNDABLE CREDITS	59 Oregon income tax withheld from income. **Include Forms W-2 and 1099**	● 59	.00
	60 Estimated tax payments for 2010 and payments made with your extension	● 60	.00
	61 Tax withheld from pass-through entity and real estate transactions	● 61	.00
	62 Earned income credit. See instructions, page 34	● 62	.00
Include Schedule WFC-N/P if you claim this credit	63 **Working family child care credit** from WFC-N/P, line 21	● 63	.00
	64 Mobile home park closure credit. Include 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
	68 Penalty and interest for filing or paying late. See instructions, page 34	68	.00
	69 Interest on underpayment of estimated tax. **Include Form 10 and check box** ☐	● 69	.00
	Exception # from Form 10, line 1 ●69a Check box if you annualized ●69b ☐		
	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 **2011** estimated tax	● 73	.00

CHARITABLE CHECKOFF DONATIONS, PAGE 35

I want to donate part of my tax refund to the following fund(s)

Oregon Nongame Wildlife	● 74	St. Vincent de Paul Society	● 75
The Nature Conservancy	● 76	Doernbecher Children's Hospital	● 77
Oregon Humane Society	● 78	The Salvation Army	● 79
Oregon Veterans' Home	● 80	Planned Parenthood of Oregon	● 81
Oregon Lions Sight & Hearing	● 82	Shriners Hospitals for Children	● 83
Special Olympics Oregon	● 84	Susan G. Komen for the Cure	● 85
Charity code ●86a ●86b		Charity code ●87a ●87b	

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 instructions, page 35. ● **Type of Account:** ☐ Checking **or** ☐ Savings

● Routing No. ● Account No.

Will this refund go to an account outside the United States? ● ☐ Yes

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

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

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