

2024 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

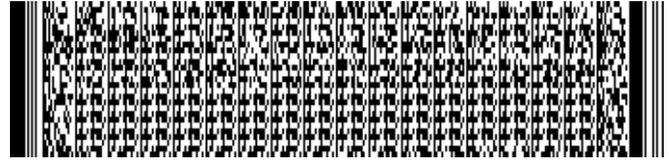
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode-do not write in box below

- Extension filed
- Amended return.
If amending for an NOL tax year (YYYY) Form OR-24
- NOL, tax year the NOL was generated: Form OR-243
- Calculated with "as if" federal return Federal Form 8379
- Short-year tax election Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

A 01/01/1990

Last name

A

Social Security number (SSN)

490-54-9999

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current mailing address

City State ZIP code

Country Phone

Filing Status (check only one box)

- 1. Single
- 2. Married filing jointly
- 3. Married filing separately (enter spouse information **above**)
- 4. Head of household (with qualifying dependent)
- 5. Qualifying surviving spouse



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Last name SSN
A 490-54-9999

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Exemptions

6a. Credits for yourself 6a. 1

Check boxes that apply: [X] Regular [] Severe disability [] Someone else can claim you as a dependent

6b. Credits for your spouse 6b.

Check boxes that apply: [] Regular [] Severe disability [] Someone else can claim your spouse as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

[] Child with a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Child with a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Child with a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c.

6d. Total number of dependent children with a qualifying disability (see instructions) 6d.

6e. Total exemptions. Add lines 6a through 6d Total 6e. 1



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Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions) 7. 99,999.00
8. Total additions from Schedule OR-ASC, line A5 8.
9. Income after additions. Add lines 7 and 8 9. 99,999.00

Subtractions

10. 2024 federal tax liability (see instructions) 10. 8,250.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b 11.
12. Oregon income tax refund included in federal income 12.
13. Total subtractions from Schedule OR-ASC, line B7 13.
14. Total subtractions. Add lines 10 through 13 14. 8,250.00
15. Income after subtractions. Line 9 minus line 14 15. 91,749.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 16.
17. Standard deduction. Enter your standard deduction. 17. 2,745.00

You were: 17a. [] 65 or older 17b. [] Blind Your spouse was: 17c. [] 65 or older 17d. [] Blind

Table with 6 columns: Standard deductions, Single, Married filing jointly, Married filing separately, Qualifying surviving spouse, Head of household. Values: \$2,745, \$5,495, \$2,745 or \$0, \$5,495, \$4,420

See instructions if you or your spouse are age 65 or older, blind, or can be claimed as a dependent. on someone else's return, or are married filing separately.

18. Enter the larger of line 16 or 17 18. 2,745.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 89,004.00



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Oregon tax

20. Tax (see instructions) 7,486.00

Check the appropriate box if you're using an alternative method to calculate your tax:

20a. [] Schedule OR-FIA-40 20b. [] Worksheet FCG 20c. [] Schedule OR-PTE-FY

21. Interest on certain installment sales 21.

22. Total tax recaptures from Schedule OR-ASC, line C5 22.

23. Total additions to tax. Line 21 plus line 22 23.

24. Total tax before credits. Add lines 20 and 23 7,486.00

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$249. Otherwise, see instructions 249.00

26. Political contribution credit. See limits in instructions 26.

27. Total standard credits from Schedule OR-ASC, line D16 27.

28. Total standard credits. Add lines 25 through 27 249.00

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 7,237.00

30. Total carryforward credits used this year from Schedule OR-ASC, line E9. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) 30.

31. Tax after standard and carryforward credits. Line 29 minus line 30 7,237.00



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Payments and refundable credits

- 32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 . . . 32.
33. Prior-year refund applied as estimated payment 33.
34. Estimated tax payments for 2024. Include all estimated payments, including any extension payment, that you made by April 15, 2025 (see instructions). Do not include the amount on line 33 34.
35. Estimated tax payments from Schedule OR-K-1, line 20 (PTE owner payment from Form OR-19 - see instructions) 35.
36. Earned income credit (see instructions) 36.
37. Oregon Kids Credit (see instructions) 37. 0.00

Reserved

- 39. Total refundable credits from Schedule OR-ASC, line F7 39.
40. Total payments and refundable credits. Add lines 32 through 39 40.

Tax to pay or refund

- 41. Overpayment of tax. If line 31 is less than line 40, you overpaid. Line 40 minus line 31 41.
42. Net tax. If line 31 is more than line 40, you have tax to pay. Line 31 minus line 40 42. 7,237.00
43. Penalty and interest for filing or paying late (see instructions) 43.
44. Interest on underpayment of estimated tax. Include Form OR-10 44. 365.00

Exception number from Form OR-10, line 1 44a. Check box if you annualized: 44b. []



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Tax to pay or refund (continued)

- 45. Total penalty and interest due. Add lines 43 and 44 45. 365.00
46. Net tax including penalty and interest. Line 42 plus line 45 This is the amount you owe. 46. 7,602.00
47. Overpayment less penalty and interest. Line 41 minus line 45 This is your refund. 47.
48. Amount from line 47 you want to apply as a payment of your 2025* estimated tax (*to a later year if filing after 1/15/2026) 48.
49. Charitable checkoff donations from Schedule OR-DONATE, line 30 49.
50. Political party \$3 checkoff 50.
Party code: 50a. You 50b. Spouse
51. Higher education savings plan deposits from Schedule OR-529, line 5 51.
52. Total. Add lines 48 through 51. Line 52 can't be more than your refund on line 47 52.
53. Net refund. Line 47 minus line 52 This is your net refund. 53.

Direct deposit

54. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account:

- [] Checking or
[] Savings

Account information:

Routing number Account number

Reserved



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

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

City

State

ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due

- Online: www.oregon.gov/dor.
• By mail: Payable to the Oregon Department of Revenue. Write "2024 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include a payment voucher.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
• 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



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Amended statement. Complete this section only if you're amending your 2024 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

