

2017 Form OR-40



Office use only	

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: <input type="text"/> / <input type="text"/> / <input type="text"/>	Space for 2-D barcode—do not write in box below
<input type="checkbox"/> Amended return. If amending for an NOL, tax year the NOL was generated: <input type="text"/>	
<input type="checkbox"/> Calculated using "as if" federal return.	
<input type="checkbox"/> Short year tax election.	
<input type="checkbox"/> Extension filed.	
<input type="checkbox"/> Form OR-24.	

First name and initial	Last name	<input type="checkbox"/> Deceased	Social Security no. (SSN)	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address			Date of birth (mm/dd/yyyy)	Spouse's date of birth	
City	State	ZIP code	Country	Phone () -	

Filing status (check only **one** box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. Total

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b.

Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
			- -	/ /	<input type="checkbox"/>
			- -	/ /	<input type="checkbox"/>
			- -	/ /	<input type="checkbox"/>
			- -	/ /	<input type="checkbox"/>

*Dependent relationship code—Please see instructions to determine the appropriate code.

6c. Total number of dependents 6c.

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

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

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Name SSN

Taxable income

- 7. Federal adjusted gross income... 7. .00
8. Total additions from Schedule OR-ASC, section 1... 8. .00
9. Income after additions. Add lines 7 and 8... 9. .00

Subtractions

- 10. 2017 federal tax liability. See instructions for the correct amount: \$0-\$6,550... 10. .00
11. Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... 11. .00
12. Oregon income tax refund included in federal income... 12. .00
13. Total subtractions from Schedule OR-ASC, section 2... 13. .00
14. Total subtractions. Add lines 10 through 13... 14. .00
15. Income after subtractions. Line 9 minus line 14... 15. .00

Deductions

- 16. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18... 16. .00
17. State income tax claimed as an itemized deduction... 17. .00
18. Net Oregon itemized deductions. Line 16 minus line 17... 18. .00
19. Standard deduction. See instructions... 19. .00

You were: 19a. [] 65 or older 19b. [] Blind Your spouse was: 19c. [] 65 or older 19d. [] Blind

- 20. Enter the larger of line 18 or line 19. If you skipped line 18, enter the amount from line 19... 20. .00
21. Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0-... 21. .00

Oregon tax

- 22. Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using an alternative method... 22. .00
22a. [] Form OR-FIA-40 22b. [] Worksheet OR-FCG 22c. [] Schedule OR-PTE-FY
23. Interest on certain installment sales... 23. .00
24. Total tax before credits. Add lines 22 and 23... 24. .00

Standard and carryforward credits

- 25. Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total exemptions on line 6e by \$197. Otherwise, see instructions... 25. .00
26. Political contribution credit. See limits... 26. .00
27. Total standard credits from Schedule OR-ASC, section 3... 27. .00
28. Total standard credits. Add lines 25 through 27... 28. .00
29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter -0-... 29. .00
30. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions)... 30. .00
31. Tax after standard and carryforward credits. Line 29 minus line 30... 31. .00

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Payments and refundable credits

Table with 2 columns: Description (lines 32-38) and Amount. Includes Oregon income tax withheld, tax refund, estimated tax payments, earned income credit, and Oregon surplus credit.

Tax to pay or refund

Table with 2 columns: Description (lines 39-42) and Amount. Includes overpayment of tax, net tax, penalty and interest, and interest on underpayment.

Exception number from Form OR-10, line 1: 42a. [] Check box if you annualized: 42b. []

Table with 2 columns: Description (lines 43-51) and Amount. Includes total penalty and interest, net tax including penalty and interest, overpayment less penalty and interest, estimated tax, charitable checkoff donations, political party checkoff, and total Oregon 529 College Savings Plan deposits.

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: []

Type of account: [] Checking or [] Savings

Routing number: []

Account number: []

Surplus credit donation

53. Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box: 53a. []

Write the amount from line 7 of the surplus credit worksheet here. This election is irrevocable.....53b. []

