

2019 Form OR-40

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Oregon Department of Revenue



Office use only

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: / /

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

- Amended return. If amending for an NOL, tax year the NOL was generated:
Calculated using "as if" federal return.
Short-year tax election. Federal disaster relief.
Extension filed. Federal Form 8886.
Form OR-24.

First name, Initial, Last name, Social Security no. (SSN), Deceased, First time using this SSN, Applied for ITIN
Spouse's first name, Initial, Spouse's last name, Spouse's SSN, Deceased, First time using this SSN, 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)

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

Exemptions

- 6a. Credits for yourself: Regular, Severely disabled ... Total
6b. Credits for spouse: Regular, Severely disabled ... Total
Check box if someone else can claim you as a dependent.
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.

Table with columns: First name, Last name, Code\*, Dependent's SSN, Dependent's date of birth (mm/dd/yyyy), Check if child with qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents.
6d. Total number of dependent children with a qualifying disability (see instructions).
6e. Total exemptions. Add 6a through 6d. Total.

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Name SSN

Note: Reprint page 1 if you make changes to this page.

Taxable income

Table with 3 columns: Description, Line Number, Amount. Rows 7-9.

Subtractions

Table with 3 columns: Description, Line Number, Amount. Rows 10-15.

Deductions

Table with 3 columns: Description, Line Number, Amount. Rows 16-17.

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

Table with 3 columns: Description, Line Number, Amount. Rows 18-19.

Oregon tax

Table with 3 columns: Description, Line Number, Amount. Rows 20-22.

Standard and carryforward credits

Table with 3 columns: Description, Line Number, Amount. Rows 23-29.

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Name SSN

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Payments and refundable credits

30. Oregon income tax withheld. 31. Amount applied from your prior year's tax refund. 32. Estimated tax payments for 2019. 33. Earned income credit. 34. Kicker (Oregon surplus credit). 35. Total refundable credits from Schedule OR-ASC. 36. Total payments and refundable credits.

Tax to pay or refund

37. Overpayment of tax. 38. Net tax. 39. Penalty and interest for filing or paying late. 40. Interest on underpayment of estimated tax. 41. Total penalty and interest due. 42. Net tax including penalty and interest. 43. Overpayment less penalty and interest. 44. Estimated tax. 45. Charitable checkoff donations. 46. Political party \$3 checkoff. 47. Oregon 529 college savings plan deposits. 48. Total. 49. Net refund.

Direct deposit

50. 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. Routing number. Account number.

Kicker donation

51. Kicker donation. If you elect to donate your kicker to the State School Fund, check this box: 51a. Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable. 51b.

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Oregon Department of Revenue

Name SSN

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

Your signature Date Spouse's signature Date Signature of preparer other than taxpayer Preparer phone Preparer license number, if professionally prepared 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, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor. Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2019 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the Form OR-40-V payment voucher unless you're sending us a separate payment.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return 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 2-D barcode area on the front of this return 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.

Amended statement. Complete this section only if you're amending your 2019 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.

Horizontal lines for text entry