Congress extended several tax provisions by passing Public Law 116-94. As a result, this form was updated on December 24, 2019.

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Oregon Department of Revenue

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Office use only

			Submit original form—do not submit pho				
First name Initial			Last name	Social Security numb	er (SSN)		
Spouse's first name Initial			Spouse's last name	Spouse's SSN	Spouse's SSN		
		Read instruc	tions carefully before complet	ing this schedule.			
/ledic	cal and dental expenses		-	_			
autio	on! Don't include expenses r	eimbursed or pai	d by others.				
1. N	Medical and dental expense	s (see instruction	s) 1.	. 0 0			
	Federal adjusted gross incor						
f	from Form OR-40, line 7 or F	orm OR-40-N or	OR-40-P.				
i I	ine 29F		20	0			
			3.				
	Medical and dental expens			4	.00		
Т	from line 1. If line 3 is more t	nan line 1, enter	-0	4.	. 0 0		
	you paid						
5. 8	State and local income taxes	s. Don't include					
i	ncome tax!						
6. F	Real estate taxes (see instru	ctions)					
7. F	Personal property taxes		7. <u> </u>	0			
8. F	Reserved		8.				
9. 1	Total income and property ta	xes. Add lines 5	through 8.				
			arried filing separately) 9.	. 00			
	o into tantoor flot typo and a		10.	.00			
- 11. 1	Taxes paid deduction. Add		10.		.00		
	est you paid		**************************************	.00			
			federal Form 1098	0.0			
			eral Form 1098 13.				
			098 14.	$\circ$			
			ns) 15.	0.0			
			16.		0.0		
17. <b>I</b>	Interest paid deduction. Ac	ld lines 12 throug	ıh 16	17.	. 0 0		
ifts t	to charity						
18. (	Gifts by cash or check (see i	nstructions)	18.	.00			
			tions)				
	•	•	20.				
					.00		
)ther	miscellaneous deducti	ons					
			ıde employee business expenses, tax p	renaration fees			
(	or other deductions subjec	, to the 2 perce	nt of AGI limitation (see instructions)	22.	.00		
-				22.	. 00		
rego	on itemized deductions						
_					. 0 0		