

2021 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

Amended return.

If amending for an NOL, tax year the NOL was generated:

NOL tax year (YYYY)

Extension filed

Form OR-24

Federal Form 8379

Calculated with "as if" federal return

Federal Form 8886

Short-year tax election

Disaster relief

First name

Initial

Date of birth (MM/DD/YYYY)

/ /

Last name

Social Security number (SSN)

- -

First time using this SSN (see instructions)

Applied for ITIN

Deceased

Spouse's first name

Initial

Spouse's date of birth (MM/DD/YYYY)

/ /

Spouse's last name

Spouse's Social Security number (SSN)

- -

First time using this SSN (see instructions)

Applied for ITIN

Deceased

Current 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's information **above**)
4. Head of household (with qualifying dependent) 5. Qualifying widow(er) with dependent child



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

[Grid for last name]

[Grid for Social Security number]

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

Exemptions

6a. Credits for yourself..... 6a.

[Grid for 6a]

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent.

6b. Credits for your spouse 6b.

[Grid for 6b]

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent.

Dependents.

List your dependents in order from youngest to oldest. [] If more than three, check this box and include Schedule OR-ADD-DEP.

Dependent 1: First name, Initial, Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY), Dependent 1: Social Security number (SSN), Code *, [] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name, Initial, Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY), Dependent 2: Social Security number (SSN), Code *, [] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name, Initial, Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY), Dependent 3: Social Security number (SSN), Code *, [] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c.

[Grid for 6c]

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

[Grid for 6d]

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

[Grid for 6e]



Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

Grid for last name input

Grid for Social Security number input

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Taxable income

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

Subtractions

- 10. 2021 federal tax liability (see instructions)..... 10.
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, Section B 13.
14. Total subtractions. Add lines 10 through 13..... 14.
15. Income after subtractions. Line 9 minus line 14 15.

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 (see instructions) 17.
You were: 17a. [] 65 or older 17b. [] Blind Your spouse was: 17c. [] 65 or older 17d. [] Blind
18. Enter the larger of line 16 or 17..... 18.
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19.

Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Oregon tax

20. Tax (see instructions) 20. [] [] [] , [] [] [] , [] [] [] . 0 0

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. [] [] [] , [] [] [] , [] [] [] . 0 0

22. Total tax before credits. Add lines 20 and 21 22. [] [] [] , [] [] [] , [] [] [] . 0 0

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$213. Otherwise, see instructions 23. [] [] [] , [] [] [] , [] [] [] . 0 0

24. Political contribution credit. See limits in instructions 24. [] [] [] , [] [] [] , [] [] [] . 0 0

25. Total standard credits from Schedule OR-ASC, Section C 25. [] [] [] , [] [] [] , [] [] [] . 0 0

26. Total standard credits. Add lines 23 through 25 26. [] [] [] , [] [] [] , [] [] [] . 0 0

27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 27. [] [] [] , [] [] [] , [] [] [] . 0 0

28. Total carryforward credits claimed this year from Schedule OR-ASC, Section D. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) 28. [] [] [] , [] [] [] , [] [] [] . 0 0

29. Tax after standard and carryforward credits. Line 27 minus line 28 29. [] [] [] , [] [] [] , [] [] [] . 0 0

30. Total credit recaptures claimed this year from Schedule OR-ASC, Section E 30. [] [] [] , [] [] [] , [] [] [] . 0 0

31. Tax after credit recaptures. Line 29 plus line 30 31. [] [] [] , [] [] [] , [] [] [] . 0 0



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Last name

Social Security number (SSN)

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Payments and refundable credits

32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099	32.										0	0
33. Amount applied from your prior year's tax refund.....	33.										0	0
34. Estimated tax payments for 2021. Include all payments you made before filing this return (see instructions). Do not include the amount on line 33.....	34.										0	0
35. Earned income credit (see instructions).....	35.										0	0
36. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 53	36.										0	0
37. Total refundable credits from Schedule OR-ASC, Section F	37.										0	0
38. Total payments and refundable credits. Add lines 32 through 37.....	38.										0	0

Tax to pay or refund

39. Overpayment of tax. If line 31 is less than line 38, you overpaid. Line 38 minus line 31	39.										0	0
40. Net tax. If line 31 is more than line 38, you have tax to pay. Line 31 minus line 38	40.										0	0
41. Penalty and interest for filing or paying late (see instructions)	41.										0	0
42. Interest on underpayment of estimated tax. Include Form OR-10	42.										0	0
Exception number from Form OR-10, line 1 42a. <input type="text"/>		Check box if you annualized: 42b. <input type="checkbox"/>										
43. Total penalty and interest due. Add lines 41 and 42	43.										0	0

Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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Grid for last name

Grid for Social Security number (SSN)

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Tax to pay or refund (continued)

- 44. Net tax including penalty and interest. Line 40 plus line 43. This is the amount you owe. 44.
45. Overpayment less penalty and interest. Line 39 minus line 43. This is your refund. 45.
46. Estimated tax. Fill in the portion of line 45 you want applied to your open estimated tax account. 46.
47. Charitable checkoff donations from Schedule OR-DONATE, line 30. 47.
48. Political party \$3 checkoff. 48.
Party code: 48a. You 48b. Spouse
49. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions). 49.
50. Total. Add lines 46 through 49. Line 50 can't be more than your refund on line 45. 50.
51. Net refund. Line 45 minus line 50. This is your net refund. 51.

Direct deposit

52. 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

Grid for routing number

Grid for account number

Kicker donation

53. If you elect to donate your kicker to the State School Fund, check this box. 53a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable. 53b.

Grid for kicker amount



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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Grid for last name

Grid for Social Security number (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

Signature line with 'X' mark

Date (MM/DD/YYYY)

Grid for date

Spouse's signature

Signature line with 'X' mark

Date (MM/DD/YYYY)

Grid for date

Signature of preparer other than taxpayer

Signature line with 'X' mark

Date (MM/DD/YYYY)

Grid for date

Phone

Grid for phone number

Preparer license number

Grid for preparer license number

Preparer first name

Grid for preparer first name

Initial

Grid for preparer initial

Preparer last name

Grid for preparer last name

Preparer address

Grid for preparer address

City

Grid for city

State

Grid for state

ZIP code

Grid for 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 (shown on line 44)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2021 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order.

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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Last name

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Social Security number (SSN)

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Amended statement. Complete this Section only if you're amending your 2021 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.

Large empty rectangular area for providing details on amended returns or former SSNs.

