

2016 Form OR-40

Page 1 of 4, 150-101-040 (Rev. 12-16) 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
<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"/> Applied for SSN	Date of birth (mm/dd/yyyy)
Plotting for	Jailbreak		- -		/ /
Spouse's first name and initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> Applied for SSN	Spouse's date of birth
			- -		/ /
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's information **above**).

4 Head of household (with qualifying person).

5 Qualifying widow(er) with dependent child.

Exemptions

6a Credits for yourself: Regular; Severely disabled 6a

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
Baby	Break		- -	/ /	<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	<input type="text" value="1"/>
6d Total number of dependent children with a qualifying disability (see instructions).....	6d	<input type="text" value=""/>
6e Total exemptions. Add 6a through 6d.....	Total 6e	<input type="text" value="3"/>

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Name	SSN
Plotting for Jailbreak	- -

Taxable income

7	Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10; or 1040X, line 1C. See instructions	7	35,500.00
8	Total additions from Schedule OR-ASC, section 1	8	1,500.00
9	Income after additions. Add lines 7 and 8	9	37,000.00

Subtractions

10	2016 federal tax liability (\$0-\$6,500; see instructions for the correct amount)	10	0.00
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	0.00
14	Total subtractions. Add lines 10 through 13	14	.00
15	Income after subtractions. Line 9 minus line 14	15	37,000.00

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	19	4,315.00

19a You were: 65 or older; Blind. Your spouse was: 65 or older; Blind.

20	Enter the larger of line 18 or line 19. If you skipped line 18, enter the amount from line 19	20	4,315.00
21	Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0-	21	32,685.00

Oregon tax

22	Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using:	22	2,467.00
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22a Form OR-FIA-40; 22b Worksheet OR-FCG; 22c Schedule OR-PTE.

23	Interest on certain installment sales	23	.00
24	Total tax before credits. Add lines 22 and 23	24	2,467.00

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 \$195. Otherwise, see instructions	25	585.00
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	1,882.00
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	1,882.00

Payments and refundable credits

32	Oregon income tax withheld. Include a copy of Form(s) W-2 and 1099	32	.00
33	Amount applied from your prior year's tax refund	33	.00
34	Estimated tax payments for 2016. Include all payments made prior to the filing date of this return. Do not include the amount already reported on line 33	34	.00
35	Earned income credit. See instructions	35	.00
36	Total refundable credits from Schedule OR-ASC, section 5	36	.00
37	Total payments and refundable credits. Add lines 32 through 36	37	.00

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Name Plotting for	Jailbreak	SSN - -
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Tax to pay or refund

38	Overpayment of tax. If line 31 is less than line 37, you overpaid. Line 37 minus line 31.....	38	.00
39	Net tax. If line 31 is more than line 37, you have tax to pay. Line 31 minus line 37	39	.00
40	Penalty and interest for filing or paying late. See instructions	40	.00
41	Interest on underpayment of estimated tax. Include Form OR-10	41	.00

Exception number from Form OR-10, line 1: 41a Check box if you annualized: 41b

42	Total penalty and interest due. Add lines 40 and 41	42	.00
43	Net tax including penalty and interest. Line 39 plus line 42..... This is the amount you owe	43	.00
44	Overpayment less penalty and interest. Line 38 minus line 42..... This is your refund	44	.00
45	Estimated tax. Fill in the part of line 44 you want applied to your estimated tax account.	45	.00
46	Charitable checkoff donations from Schedule OR-DONATE, line 30.....	46	.00
47	Political party \$3 checkoff. Party code: 47a <input type="checkbox"/> You. 47b <input type="checkbox"/> Spouse.....	47	.00
48	Total Oregon 529 College Savings Plan deposits from Schedule OR-529. See instructions	48	.00
49	Total. Add lines 45 through 48; total can't be more than your refund on line 44.....	49	.00
50	Line 44 minus line 49. This is your net refund..... Net refund	50	.00

Direct deposit

51 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.

Preparer license number, if professionally prepared

Routing number:
 Account number:

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

Your signature X	Date / /
Spouse's signature (if filing jointly, both must sign) X	Date / /
Signature of preparer other than taxpayer X	Preparer phone () -
Preparer address	City State ZIP code

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 43)

- **Online payments:** You may make payments online at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime phone number, SSN or ITIN, and "2016 Oregon Form OR-40" on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

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.

2016 Schedule OR-ASC



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Oregon Adjustments for Form OR-40 Filers

Submit original form—do not submit photocopy.

First name and initial Plotting for	Last name Jailbreak	Social Security number (SSN) — —
Spouse's first name and initial	Spouse's last name	Spouse's SSN — —

Use Schedule OR-ASC to claim any of the following that aren't included on Form OR-40:

- Additions.
- Subtractions.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section.

For more information, refer to the instructions beginning on page 2.

Section 1: Additions (codes 102–163)

Code		Amount	
1a	158	1b	1,500.00
1c		1d	.00
1e		1f	.00
1g		1h	.00
1i		1j	.00
		1,500.00	

Enter total on Form OR-40, line 8

Section 2: Subtractions (codes 300–360)

Code		Amount	
2a		2b	.00
2c		2d	.00
2e		2f	.00
2g		2h	.00
2i		2j	.00
		.00	

Enter total on Form OR-40, line 13

Section 3: Standard credits (codes 802–815)

Code		Amount		State abbreviation (if claiming code 802)	
3a		3b	.00	3c	
3d		3e	.00	3f	
3g		3h	.00	3i	
3j		3k	.00	3l	
3m		3n	.00	3o	
		.00			

Enter total on Form OR-40, line 27

Section 4: Carryforward credits (codes 835–865)

Code		Amount from prior year		Amount awarded this year		Total claimed this year	
4a		4b	.00	4c	.00	4d	.00
4e		4f	.00	4g	.00	4h	.00
4i		4j	.00	4k	.00	4l	.00
4m		4n	.00	4o	.00	4p	.00
4q		4r	.00	4s	.00	4t	.00
		.00		.00		.00	

Enter total on Form OR-40, line 30

Section 5: Refundable credits (codes 890–895)

Code		Amount	
5a		5b	.00
5c		5d	.00
5e		5f	.00
		.00	

Enter total on Form OR-40, line 36

—You must include this schedule with your Oregon income tax return—