

2023 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)

/ /

Extension filed

Form OR-24

Amended return.

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

Form OR-243

Federal Form 8379

Calculated with "as if" federal return

Federal Form 8886

Short-year tax election

Disaster relief

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

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 first name

Initial

Spouse date of birth (MM/DD/YYYY)

/ /

Spouse last name

Spouse SSN

- -

First time using this SSN (see instructions)

Applied for ITIN

Deceased

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 information **above**)
4. Head of household (with qualifying dependent) 5. Qualifying surviving spouse



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Last name

SSN

Grid for last name input

Grid for SSN input (XX-XX-XXXX)

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

Exemptions

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

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

6b. Credits for your spouse6b.

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 you have more than three dependents, complete Schedule OR-ADD-DEP. Include the schedule with your return.

Dependent 1: First name, Initial, Last name

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

Dependent 2: First name, Initial, Last name

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

Dependent 3: First name, Initial, Last name

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

*Dependent relationship code (see instructions).

6c. Total number of dependents6c.

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

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



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Last name

SSN

12 individual character boxes for last name

9 character boxes for SSN (XX-XX-XXXX)

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

Taxable income

- 7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. , , . 0 0
- 8. Total additions from Schedule OR-ASC, line A5 8. , , . 0 0
- 9. Income after additions. Add lines 7 and 8 9. , , . 0 0

Subtractions

- 10. 2023 federal tax liability (see instructions)..... 10. , , . 0 0
- 11. Social Security amount on federal Form 1040 or 1040-SR, line 6b 11. , , . 0 0
- 12. Oregon income tax refund included in federal income..... 12. , , . 0 0
- 13. Total subtractions from Schedule OR-ASC, line B7 13. , , . 0 0
- 14. Total subtractions. Add lines 10 through 13..... 14. , , . 0 0
- 15. Income after subtractions. Line 9 minus line 14 15. , , . 0 0

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. , , . 0 0
- 17. **Standard deduction.** Enter your standard deduction 17. , , . 0 0

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

| Standard deductions | Single | Married filing jointly | Married filing separately | Qualifying surviving spouse | Head of household |
|---------------------|---------|------------------------|---------------------------|-----------------------------|-------------------|
| | \$2,605 | \$5,210 | \$2,605 or \$0 | \$5,210 | \$4,195 |

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.
See instructions if you are married filing separately.

- 18. Enter the larger of line 16 or 17 18. , , . 0 0
- 19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. , , . 0 0



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Last name

SSN

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Grid for SSN input

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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 recaptures from Schedule OR-ASC, line C5 22. [] [] [] , [] [] [] , [] [] [] . 0 0

23. Total additions to tax. Line 21 plus line 22..... 23. [] [] [] , [] [] [] , [] [] [] . 0 0

24. Total tax before credits. Add lines 20 and 23..... 24. [] [] [] , [] [] [] , [] [] [] . 0 0

Standard and carryforward credits

25. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$236. Otherwise, see instructions 25. [] [] [] , [] [] [] , [] [] [] . 0 0

26. Political contribution credit. See limits in instructions 26. [] [] [] , [] [] [] , [] [] [] . 0 0

27. Total standard credits from Schedule OR-ASC, line D16..... 27. [] [] [] , [] [] [] , [] [] [] . 0 0

28. Total standard credits. Add lines 25 through 27 28. [] [] [] , [] [] [] , [] [] [] . 0 0

29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter 0 29. [] [] [] , [] [] [] , [] [] [] . 0 0

30. Total carryforward credits used this year from Schedule OR-ASC, line E9. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) 30. [] [] [] , [] [] [] , [] [] [] . 0 0

31. Tax after standard and carryforward credits. Line 29 minus line 30 31. [] [] [] , [] [] [] , [] [] [] . 0 0



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Last name

SSN

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Grid for SSN input

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Payments and refundable credits

Table with 4 columns: Line number, Description, and two columns for amount (dollars and cents). Rows 32-40 include Oregon income tax withheld, tax refund, estimated tax payments, pass-through entity payments, earned income credit, Oregon Kids Credit, kicker credit, and total refundable credits.

Tax to pay or refund

Table with 4 columns: Line number, Description, and two columns for amount (dollars and cents). Rows 41-44 include overpayment of tax, net tax, penalty and interest, and interest on underpayment of estimated tax.

Exception number from Form OR-10, line 1 44a. [] Check box if you annualized: 44b. []

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Last name

SSN

Grid for last name

Grid for SSN

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Tax to pay or refund (continued)

45. Total penalty and interest due. Add lines 43 and 44 45. [] [] [] , [] [] [] , [] [] [] . 0 0

46. Net tax including penalty and interest. Line 42 plus line 45 This is the amount you owe. 46. [] [] [] , [] [] [] , [] [] [] . 0 0

47. Overpayment less penalty and interest. Line 41 minus line 45 This is your refund. 47. [] [] [] , [] [] [] , [] [] [] . 0 0

48. Estimated tax. Fill in the portion of line 47 you want applied to your open estimated tax account 48. [] [] [] , [] [] [] , [] [] [] . 0 0

49. Charitable checkoff donations from Schedule OR-DONATE, line 30 49. [] [] [] , [] [] [] , [] [] [] . 0 0

50. Political party \$3 checkoff 50. [] [] [] , [] [] [] , [] [] [] . 0 0

Party code: 50a. You [] [] [] 50b. Spouse [] [] []

51. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 51. [] [] [] , [] [] [] , [] [] [] . 0 0

52. Total. Add lines 48 through 51. Line 52 can't be more than your refund on line 47 52. [] [] [] , [] [] [] , [] [] [] . 0 0

53. Net refund. Line 47 minus line 52 This is your net refund. 53. [] [] [] , [] [] [] , [] [] [] . 0 0

Direct deposit

54. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account:

Account information:

[] Checking or

Routing number

Account number

[] Savings

Grid for routing number

Grid for account number

Kicker donation

55. If you elect to donate your kicker to the State School Fund, check this box. 55a. []

Complete the kicker worksheet in the instructions and enter the amount here. This election is irrevocable. 55b. [] [] [] , [] [] [] , [] [] [] . 0 0



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Last name

SSN

[Grid for last name]

[Grid for SSN]

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

Your signature

X [Signature line]

Date (MM/DD/YYYY)

[Date grid]

Spouse signature

X [Signature line]

Date (MM/DD/YYYY)

[Date grid]

Signature of preparer other than taxpayer

X [Signature line]

Date (MM/DD/YYYY)

[Date grid]

Preparer phone

[Phone grid]

Preparer license number

[License grid]

Preparer first name

[First name grid]

Initial

[Initial grid]

Preparer last name

[Last name grid]

Preparer address

[Address grid]

City

[City grid]

State

[State grid]

ZIP code

[ZIP code grid]

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 45)

- Online: www.oregon.gov/dor.
• By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include Form OR-40-V payment voucher.

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

Grid for last name input

SSN

Grid for SSN input

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Amended statement. Complete this section only if you're amending your 2023 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 text entry

