# 2015 Form 40 Oregon Individual Income Tax Return for Full-year Residents Only



| Amended return. If amen  | -                             |  | nerated: •   |   |                                       | For                                 | office us          | se only                                   |  |
|--|-------------------------------|--|--|---|---------------------------------------|-------------------------------------|--------------------|---|--|
| <ul> <li>Calculated using "as if" for a contract of the contra</li></ul> | ederal return.                | <ul><li>☐ Bankruptcy.</li><li>☐ Form 24.</li></ul> |  |   |                                       |                                     |                    |   |  |
|  | Last name                     |  |  |   |                                       | F                                   | W                  |   |  |
| First name and initial   | Deceased                      | Social Security no                                 | umber (SSN)  | Applied for   | Date of birt                          | h (mm/dd/                           | <sup>/</sup> yyyy) |   |  |
| Spouse's first name and initial  | ☐ Deceased                    | Spouse's SSN                                       |  | Applied for   | Spouse's d                            | ate of birth                        | n (mm/dd/yyyy)     |   |  |
| Current mailing address  | 1                             |  |  |   |                                       |                                     |                    |   |  |
| City   | ate ZIP code                  | 1 □ Sir  | <ul> <li>Filing status (check only one box)</li> <li>1 Single.</li> <li>2 Married filing jointly.</li> </ul> |   |                                       |                                     |                    |   |  |
| Country  | Phone                         | 1  | 3 □ Ma   | 3 ☐ Married filing separately (enter spouse's information |                                       |                                     |                    | on above).                                |  |
|  |                               |  |  |   | old (with qualify<br>w(er) with deper |                                     |                    |   |  |
| ● Exemptions 6a Credits for yourself: ☐ Re ☐ Check box if someone els 6b Credits for spouse: ☐ Re ☐ Check box if someone els   | se can claim you as<br>gular; | ely disabled                                       |  |   |                                       |                                     |                    | Total 6a 6b                               |  |
| Dependents. List your depende  | ents.                         |  |  |   |                                       |                                     |                    |   |  |
| First name   | Last name                     |  | Dependent's<br>ationship code  |   | ent's SSN                             | Depender<br>date of bi<br>(mm/dd/yy | rth                | Check if child with qualifying disability |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
|  |                               |  |  |   |                                       |                                     |                    |   |  |
| 6c Total number of dependents  |                               |  |  |   |                                       |                                     |                    | ● 6c                                      |  |
| <ul><li>6d Total number of dependent of</li><li>6e Total exemptions. Add 6a th</li></ul>   |                               |  |  |   |                                       |                                     |                    |   |  |
| oc Total exemptions. Add 0a til  | rough ou                      |  |  |   | •••••                                 |                                     | ioia               | ı - 0 <del>c</del> [                      |  |

#### Don't forget!

Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ or we may adjust your return.

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Name



| Taxable income | 7  | Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line        | 4:   |      |  |  |  |  |  |  |  |
|----------------|----|--|------|------|--|--|--|--|--|--|--|
|                |    | 1040NR, line 36; or 1040NR-EZ, line 10. See instructions                                       |      | .00  |  |  |  |  |  |  |  |
|                | 8  | Total additions from Schedule OR-ASC, section 1  |      | .00  |  |  |  |  |  |  |  |
|                | 9  | Income after additions. Add lines 7 and 8  |      | .00  |  |  |  |  |  |  |  |
| Subtractions   | 10 | 2015 federal tax liability (\$0-\$6,450; see instructions for the correct amount)              | • 10 | .00  |  |  |  |  |  |  |  |
| Oubtractions   | 11 | Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b               |      | .00  |  |  |  |  |  |  |  |
|                | 12 | Oregon income tax refund included in federal income  |      | .00  |  |  |  |  |  |  |  |
|                | 13 | Total subtractions from Schedule OR-ASC, section 2   |      | .00  |  |  |  |  |  |  |  |
|                | 14 | Total subtractions. Add lines 10 through 13  |      | .00  |  |  |  |  |  |  |  |
|                | 15 | Income after subtractions. Line 9 minus line 14  |      | .00  |  |  |  |  |  |  |  |
|                |    |  | ·    |      |  |  |  |  |  |  |  |
| Deductions     | 16 | Itemized deductions from federal Schedule A, line 29   | • 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 | .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   | • 20 | .00  |  |  |  |  |  |  |  |
|                | 21 | Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0        | • 21 | .00  |  |  |  |  |  |  |  |
| Tax            | 22 | Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using:             | • 22 | .00  |  |  |  |  |  |  |  |
|                |    | ● 22a Form FIA-40; ● 22b Worksheet FCG; ● 22c Schedule OR-PTE.                                 |      | •    |  |  |  |  |  |  |  |
|                | 23 | Interest on certain installment sales  | ● 23 | .00  |  |  |  |  |  |  |  |
|                | 24 | Total tax before credits; add lines 22 and 23  | ● 24 | .00  |  |  |  |  |  |  |  |
| Nonrefundable  | 25 | Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total          |      |      |  |  |  |  |  |  |  |
| credits        | 20 | exemptions on line 6e by \$194. Otherwise, see instructions                                    | ● 25 | .00  |  |  |  |  |  |  |  |
| Cicuits        | 26 | Political contribution credit. See limits  |      | .00  |  |  |  |  |  |  |  |
|                | 27 | Total standard credits from Schedule OR-ASC, section 3   |      | .00  |  |  |  |  |  |  |  |
|                | 28 | Total carryforward credits from Schedule OR-ASC, section 4                                     |      | .00  |  |  |  |  |  |  |  |
|                | 29 | Total nonrefundable credits. Add lines 25 through 28   |      | .00  |  |  |  |  |  |  |  |
|                | 30 | Tax after nonrefundable credits. Line 24 minus line 29. If line 29 is more than line 24, enter |      | .00  |  |  |  |  |  |  |  |
|                | 00 |  | 5 00 | 1.00 |  |  |  |  |  |  |  |

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#### 2015 Form 40

Name

X Signature of preparer other than taxpayer

X Preparer address SSN

| 00461501030000 |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|

|   | 31    | Tax after nonrefundable credits from prior page, lin   | e 30                                  | ● 31              | .00 |  |  |  |  |  |
|---|-------|--|---------------------------------------|-------------------|-----|--|--|--|--|--|
| Payments and  |       | Oregon income tax withheld. Include Form(s) W-2  |                                       |                   | .00 |  |  |  |  |  |
| refundable  |       | Amount applied from your prior year's tax refund   |                                       | .00               |     |  |  |  |  |  |
| credits   |       | Estimated tax payments for 2015. Include all paym  |                                       |                   |     |  |  |  |  |  |
|   |       | return. Do not include the amount already reported   |                                       | ● 34              | .00 |  |  |  |  |  |
|   | 35    | Oregon surplus credit (kicker). Enter your kicker an   |                                       |                   |     |  |  |  |  |  |
|   |       | If you elect to donate your kicker to the State S  | ● 35                                  | .00               |     |  |  |  |  |  |
|   | 36    | Total refundable credits from Schedule OR-ASC, se  | ection 5                              | ● 36              | .00 |  |  |  |  |  |
|   | 37    | Total payments and refundable credits. Add lines 3   | 2 through 36                          | ● 37              | .00 |  |  |  |  |  |
| Tax to pay  | 38    | Overpayment of tax. If line 31 is less than line 37,   | you overpaid. Line 37 minus line 31   | ● 38              | .00 |  |  |  |  |  |
| or refund   | 39    | Net tax. If line 31 is more than line 37, you have tax                                       | x to pay. Line 31 minus line 37       | ● 39              | .00 |  |  |  |  |  |
|   | 40    | Penalty and interest for filing or paying late. See ins                                      | structions                            | ● 40              | .00 |  |  |  |  |  |
|   | 41    | Interest on underpayment of estimated tax. Include   | e Form 10                             | ● 41              | .00 |  |  |  |  |  |
|   |       | Exception number from Form 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 any penalty and interest.  |                                       |                   |     |  |  |  |  |  |
|   |       | Line 39 plus line 42   | ● 43                                  | .00               |     |  |  |  |  |  |
|   | 44    | Overpayment less penalty and interest. Is line 38  |                                       |                   |     |  |  |  |  |  |
|   |       | line 38 minus line 42  | ● 44                                  | .00               |     |  |  |  |  |  |
|   | 45    | Estimated tax. Fill in the part of line 44 you want a  | ● 45                                  | .00               |     |  |  |  |  |  |
|   | 46    | Charitable checkoff donations from Schedule OR-L   |                                       | ● 46              | .00 |  |  |  |  |  |
|   | 47    | Political party \$3 checkoff. Party code: ● 47a  | You. ● 47bSpouse                      | ● 47              | .00 |  |  |  |  |  |
|   | 48    | Total Oregon 529 College Savings Plan deposits. S  | ee instructions                       | ● 48              | .00 |  |  |  |  |  |
|   | 49    | Total. Add lines 45 through 48; total can't be more  |                                       | .00               |     |  |  |  |  |  |
|   | 50    | Line 44 minus line 49. This is your net refund   | • 50                                  | .00               |     |  |  |  |  |  |
| Direct deposit  | 51    | For direct deposit of your refund, see instructions.  • Type of   Checking; or   Routing     | number:                               | United States? ●[ | Yes |  |  |  |  |  |
|   |       | account: ☐ Savings. • Accoun   | t number:                             |                   |     |  |  |  |  |  |
|   | 52    | Oregon surplus credit (kicker) donation. If you elec   |                                       |                   |     |  |  |  |  |  |
|   |       | the box ● □ and write the amount from line 7 of the Kicker Calculation Worksheet here: ● 52a |                                       |                   |     |  |  |  |  |  |
|   |       | This election is irrevocable.  |                                       |                   |     |  |  |  |  |  |
|   |       |  |                                       |                   |     |  |  |  |  |  |
|   |       |  |                                       |                   |     |  |  |  |  |  |
|   |       |  |                                       |                   |     |  |  |  |  |  |
|   |       |  |                                       |                   |     |  |  |  |  |  |
|   |       |  |                                       |                   |     |  |  |  |  |  |
|   | ler p | enalty of false swearing, I declare that the informatio                                      |                                       |                   |     |  |  |  |  |  |
| Your signature  |       |  | Date                                  |                   |     |  |  |  |  |  |
| X   |       |  |                                       |                   |     |  |  |  |  |  |
| Spouse's signature (if filing jointly, both <b>must</b> sign) |       |  | Date                                  |                   |     |  |  |  |  |  |

If you owe, make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime phone number and **"2015 Oregon Form 40"** on your check or money order. Include your payment, along with the payment voucher, with this return.

- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Refund, PO Box 14700, Salem OR 97309-0930.

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

City

Preparer license no.

Preparer phone

ZIP code

State

### 2015 Form 40

Name

| <br>SSN |
|---------|
|         |



## **Amended Statement**

Explanation of adjustments

| If this is an amended return, complete this statement with an explanation of what you are amending. Indicate the return line numbers and the reason for each change. If your filing status has changed, explain why. |  |
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