

2021 Form OR-40-N

Oregon Individual Income Tax Return for Nonresidents

Oregon Department of Revenue

Page 1 of 11 • 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)

/ /

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

Calculated with "as if" federal return

Short-year tax election

- Extension filed
- Form OR-24
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military
- Employment exception

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'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



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Last name

Social Security number (SSN)

Grid for last name

Grid for Social Security number (SSN)

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, Last name

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

Dependent 2: First name, Initial, Last name

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

Dependent 3: First name, Initial, Last name

Dependent 3: Date of birth (MM/DD/YYYY), Social Security number (SSN), Code *, 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



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Income

Federal column (F)

Oregon column (S)

7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2.

7F. [][][] , [][][] , [][][] . [][] [][]

7S. [][][] , [][][] , [][][] . [][] [][]

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F. [][][] , [][][] , [][][] . [][] [][]

8S. [][][] , [][][] , [][][] . [][] [][]

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F. [][][] , [][][] , [][][] . [][] [][]

9S. [][][] , [][][] , [][][] . [][] [][]

10. State and local income tax refunds from federal Schedule 1, line 1.

10F. [][][] , [][][] , [][][] . [][] [][]

10S. [][][] , [][][] , [][][] . [][] [][]

11. Alimony received from federal Schedule 1, line 2a.

11F. [][][] , [][][] , [][][] . [][] [][]

11S. [][][] , [][][] , [][][] . [][] [][]

12. Business income or loss from federal Schedule 1, line 3.

12F. [][][] , [][][] , [][][] . [][] [][]

12S. [][][] , [][][] , [][][] . [][] [][]

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F. [][][] , [][][] , [][][] . [][] [][]

13S. [][][] , [][][] , [][][] . [][] [][]

14. Other gains or losses from federal Schedule 1, line 4.

14F. [][][] , [][][] , [][][] . [][] [][]

14S. [][][] , [][][] , [][][] . [][] [][]

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F. [][][] , [][][] , [][][] . [][] [][]

15S. [][][] , [][][] , [][][] . [][] [][]



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Federal column (F)

Oregon column (S)

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F. [][][] , [][][] , [][][] . [] [] []

16S. [][][] , [][][] , [][][] . [] [] []

17. Schedule E income or loss from federal Schedule 1, line 5.

17F. [][][] , [][][] , [][][] . [] [] []

17S. [][][] , [][][] , [][][] . [] [] []

18. Farm income or loss from federal Schedule 1, line 6.

18F. [][][] , [][][] , [][][] . [] [] []

18S. [][][] , [][][] , [][][] . [] [] []

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F. [][][] , [][][] , [][][] . [] [] []

19S. [][][] , [][][] , [][][] . [] [] []

20. Total income. Add lines 7 through 19.

20F. [][][] , [][][] , [][][] . [] [] []

20S. [][][] , [][][] , [][][] . [] [] []

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F. [][][] , [][][] , [][][] . [] [] []

21S. [][][] , [][][] , [][][] . [] [] []

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F. [][][] , [][][] , [][][] . [] [] []

22S. [][][] , [][][] , [][][] . [] [] []

23. Moving expenses from federal Schedule 1, line 14.

23F. [][][] , [][][] , [][][] . [] [] []

23S. [][][] , [][][] , [][][] . [] [] []



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Federal column (F)

Oregon column (S)

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F. [][][] , [][][] , [][][] . 0 0

24S. [][][] , [][][] , [][][] . 0 0

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F. [][][] , [][][] , [][][] . 0 0

25S. [][][] , [][][] , [][][] . 0 0

26. Alimony paid from federal Schedule 1, line 19a.

26F. [][][] , [][][] , [][][] . 0 0

26S. [][][] , [][][] , [][][] . 0 0

27. Total adjustments from Schedule OR-ASC-NP, Section A.

27F. [][][] , [][][] , [][][] . 0 0

27S. [][][] , [][][] , [][][] . 0 0

28. Total adjustments. Add lines 21 through 27.

28F. [][][] , [][][] , [][][] . 0 0

28S. [][][] , [][][] , [][][] . 0 0

29. Income after adjustments. Line 20 minus line 28.

29F. [][][] , [][][] , [][][] . 0 0

29S. [][][] , [][][] , [][][] . 0 0

Additions

30. Total additions from Schedule OR-ASC-NP, Section B.

30F. [][][] , [][][] , [][][] . 0 0

30S. [][][] , [][][] , [][][] . 0 0

31. Income after additions. Add lines 29 and 30.

31F. [][][] , [][][] , [][][] . 0 0

31S. [][][] , [][][] , [][][] . 0 0



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Subtractions

Federal column (F)

Oregon column (S)

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.

32F. [][][] , [][][] , [][][] . [] []

33. Total subtractions from Schedule OR-ASC-NP, Section C.

33F. [][][] , [][][] , [][][] . [] []

33S. [][][] , [][][] , [][][] . [] []

34. Income after subtractions. Line 31 minus lines 32 and 33.

34F. [][][] , [][][] , [][][] . [] []

34S. [][][] , [][][] , [][][] . [] []

35. Oregon percentage (see instructions; not more than 100.0%).

Percentage

35. [][][] . [] %

Deductions and modifications

36. Amount from line 34S 36.

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

37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 37.

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

38. Standard deduction. Enter your standard deduction (see instructions) 38.

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

You were: 38a. [] 65 or older 38b. [] Blind Your spouse was: 38c. [] 65 or older 38d. [] Blind

39. Enter the larger of line 37 or 38..... 39.

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

40. 2021 federal tax liability (see instructions)..... 40.

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

41. Total modifications from Schedule OR-ASC-NP, Section D 41.

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

42. Deductions and modifications multiplied by the Oregon percentage (see instructions)..... 42.

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



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- 43. Charitable art donation (see instructions) 43.
44. Total deductions and modifications. Add lines 42 and 43 44.
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45.

Oregon tax

- 46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46.
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR
47. Interest on certain installment sales 47.
48. Total tax before credits. Add lines 46 and 47 48.

Standard and carryforward credits

- 49. Exemption credit (see instructions)..... 49.
50. Total standard credits from Schedule OR-ASC-NP, Section E 50.
51. Total standard credits. Add lines 49 and 50 51.
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0 52.
53. Total carryforward credits claimed this year from Schedule OR-ASC-NP, Section F. Line 53 can't be more than line 52 (see Schedule OR-ASC and OR-ASC-NP Instructions) 53.
54. Tax after standard and carryforward credits. Line 52 minus line 53 54.



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55. Total credit recaptures claimed this year from Schedule OR-ASC-NP, Section G ... 55. [] [] [] / [] [] [] / [] [] [] . 0 0

56. Tax after credit recaptures. Line 54 plus line 55 56. [] [] [] / [] [] [] / [] [] [] . 0 0

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 57. [] [] [] / [] [] [] / [] [] [] . 0 0

58. Amount applied from your prior year's tax refund 58. [] [] [] / [] [] [] / [] [] [] . 0 0

59. Estimated tax payments for 2021. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 59. [] [] [] / [] [] [] / [] [] [] . 0 0

60. Tax payments from a pass-through entity 60. [] [] [] / [] [] [] / [] [] [] . 0 0

61. Earned income credit (see instructions)..... 61. [] [] [] / [] [] [] / [] [] [] . 0 0

62. 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 78 62. [] [] [] / [] [] [] / [] [] [] . 0 0

63. Total refundable credits from Schedule OR-ASC-NP, Section H..... 63. [] [] [] / [] [] [] / [] [] [] . 0 0

64. Total payments and refundable credits. Add lines 57 through 63 64. [] [] [] / [] [] [] / [] [] [] . 0 0

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 65. [] [] [] / [] [] [] / [] [] [] . 0 0

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 66. [] [] [] / [] [] [] / [] [] [] . 0 0

67. Penalty and interest for filing or paying late (see instructions) 67. [] [] [] / [] [] [] / [] [] [] . 0 0

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Last name

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68. Interest on underpayment of estimated tax. Include Form OR-10 68.

Grid for line 68 amount

Exception number from Form OR-10, line 1: 68a.

Check box if you annualized: 68b.

69. Total penalty and interest due. Add lines 67 and 68..... 69.

Grid for line 69 amount

70. Net tax including penalty and interest.

Line 66 plus line 69 This is the amount you owe. 70.

Grid for line 70 amount

71. Overpayment less penalty and interest.

Line 65 minus line 69 This is your refund. 71.

Grid for line 71 amount

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72.

Grid for line 72 amount

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73.

Grid for line 73 amount

74. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions)..... 74.

Grid for line 74 amount

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

Grid for line 75 amount

76. Net refund. Line 71 minus line 75 This is your net refund. 76.

Grid for line 76 amount

Direct deposit

77. 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

Grid for routing number

Account number

Grid for account number

Kicker donation

78. If you elect to donate your kicker to the State School Fund, check this box..... 78a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable. 78b.

Grid for line 78b amount



Page 10 of 11 • 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.

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

Your signature

X [Signature line]

Date (MM/DD/YYYY)

[Date grid]

Spouse's 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]

Phone

[Phone grid]

Preparer license number

[License number 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 70)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2021 Oregon Form OR-40-N" 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.



Page 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Grid for last name input

Social Security number (SSN)

Grid for Social Security number input

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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 an amended statement or former SSN.