

Amended Return <input type="checkbox"/>		OREGON		Form	
2009		Individual Income Tax Return		40P	
		FOR PART-YEAR RESIDENTS		For office use only	
Oregon resident: mm dd yyyy To mm dd yyyy		Fiscal year ending		K F P J	
Last name		First name and initial		Social Security No. (SSN)	
Spouse's/RDP's last name if joint return		Spouse's/RDP's first name and initial if joint return		Spouse's/RDP's SSN if joint return	
Current mailing address		Telephone number		Date of birth (mm/dd/yyyy)	
City		State		ZIP code	
Country		If you filed a return last year, and your name or address is different, check here <input type="checkbox"/>			
Filing Status		Exemptions			
1 <input type="checkbox"/> Single		6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>6a			
2a <input type="checkbox"/> Married filing jointly		6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>b			
2b <input type="checkbox"/> Registered domestic partners (RDP) filing jointly		6c All dependents First names c			
3a <input type="checkbox"/> Married filing separately:		6d Disabled children only (see instructions) d			
Spouse's name Spouse's SSN		Total6e			
3b <input type="checkbox"/> Registered domestic partner filing separately:					
Partner's name Partner's SSN					
4 <input type="checkbox"/> Head of household: Person who qualifies you					
5 <input type="checkbox"/> Qualifying widow(er) with dependent child					
Check all that apply ->		7a You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind		7b <input type="checkbox"/> You filed an extension	
Spouse/RDP was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind		7c <input type="checkbox"/> You have federal Form 8886		7d <input type="checkbox"/> You filed Oregon Form 24	

			Federal column (F)	Oregon column (S)			
INCOME	8	Wages, salaries, and other pay for work. Include all Forms W-2	8F	.00	8S	.00	
	9	Taxable interest income from federal Form 1040, line 8a.....	9F	.00	9S	.00	
	10	Dividend income from federal Form 1040, line 9a	10F	.00	10S	.00	
	11	State and local income tax refunds from federal Form 1040, line 10	11F	.00	11S	.00	
	12	Alimony received from federal Form 1040, line 11	12F	.00	12S	.00	
	Include proof of withholding (W-2s, 1099s), payment, and payment voucher	13	Business income or loss from federal Form 1040, line 12.....	13F	.00	13S	.00
		14	Capital gain or loss from federal Form 1040, line 13	14F	.00	14S	.00
		15	Other gains or losses from federal Form 1040, line 14	15F	.00	15S	.00
		16	IRA distributions from federal Form 1040, line 15b	16F	.00	16S	.00
		17	Pensions and annuities from federal Form 1040, line 16b.....	17F	.00	17S	.00
		18	Rents, royalties, partnerships, etc., from federal Form 1040, line 17	18F	.00	18S	.00
19		Farm income or loss from federal Form 1040, line 18	19F	.00	19S	.00	
20		Unemployment and other income from federal Form 1040, lines 19 through 21 ...	20F	.00	20S	.00	
21		Total income. Add lines 8 through 20	21F	.00	21S	.00	
ADJUSTMENTS TO INCOME		22	IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32.....	22F	.00	22S	.00
	23	Education deductions from federal Form 1040, lines 23, 33, and 34	23F	.00	23S	.00	
	24	Moving expenses from federal Form 1040, line 26.....	24F	.00	24S	.00	
	25	Deduction for self-employment tax from federal Form 1040, line 27	25F	.00	25S	.00	
	26	Self-employed health insurance deduction from federal Form 1040, line 29	26F	.00	26S	.00	
	27	Alimony paid from federal Form 1040, line 31a	27F	.00	27S	.00	
	28	Other adjustments to income. Identify: •28x <input type="checkbox"/> •28y \$ <input type="checkbox"/> Schedule 28z <input type="checkbox"/> •28F	.00	28S	.00		
	29	Total adjustments to income. Add lines 22 through 28	29F	.00	29S	.00	
	30	Income after adjustments. Line 21 minus line 29	30F	.00	30S	.00	
	ADDITIONS	31	Interest on state and local government bonds outside of Oregon	31F	.00	31S	.00
32		Federal election on interest and dividends of a minor child	32F	.00	32S	.00	
33		Other additions. Identify: •33x <input type="checkbox"/> •33y \$ <input type="checkbox"/> Schedule included 33z <input type="checkbox"/> •33F	.00	33S	.00		
34		Total additions. Add lines 31 through 33	34F	.00	34S	.00	
35		Income after additions. Add lines 30 and 34	35F	.00	35S	.00	
SUBTRACTIONS	36	Social Security and tier 1 Railroad Retirement Board benefits included on line 20F ..	36F	.00			
	37	Other subtractions. Identify: •37x <input type="checkbox"/> •37y \$ <input type="checkbox"/> Schedule included 37z <input type="checkbox"/> •37F	.00	37S	.00		
	38	Income after subtractions. Line 35 minus lines 36 and 37	38F	.00	38S	.00	
	39	Oregon percentage. Line 38S ÷ line 38F (not more than 100.0%) •39 <input type="text"/> %					
			▲ Carry this ▲ amount to line 40				

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amount to line 40

40 Amount from front of form, line 38F (federal amount).....		40		.00
DEDUCTIONS AND MODIFICATIONS	41 Itemized deductions from federal Schedule A, line 29	41		.00
	42 State income tax or sales tax claimed as itemized deduction.....	42		.00
	43 Net Oregon itemized deductions. Line 41 minus line 42	43		.00
	44 Standard deduction from page 24.....	44		.00
	45 2009 federal tax liability (\$0–\$5,850; see instructions for the correct amount)....	45		.00
46 Other deductions and modifications. Identify: ●46x <input type="checkbox"/> ●46y \$ <input type="text"/> Schedule 46z <input type="checkbox"/> ●46		46		.00
47 Add lines 43, 45, and 46 if itemizing. Otherwise, add lines 44, 45, and 46		47		.00
48 Taxable income. Line 40 minus line 47		48		.00
OREGON TAX	49 Tax from tax charts. 49a <input type="checkbox"/> See instructions, page 27..... ● 49	49		.00
	50 Oregon income tax. Line 49 X Oregon percentage from line 39, or ● 50	50		.00
	Check if tax is from: ● 50a <input type="checkbox"/> Form FIA-40P or ● 50b <input type="checkbox"/> Worksheet FCG			
51 Interest on certain installment sales..... ● 51		51		.00
52 Total tax before credits. Add lines 50 and 51		OREGON TAX→	52	.00
NONREFUNDABLE CREDITS	53 Exemption credit. See instructions, page 28	53		.00
	54 Child and dependent care credit. See instructions, page 28.....	54		.00
INCLUDE PROOF	55 Credit for income taxes paid to another state. State: ●55y <input type="checkbox"/> Schedule 55z <input type="checkbox"/> ●55	55		.00
	56 Other credits. Identify: ●56x <input type="checkbox"/> ●56y \$ <input type="text"/> Schedule included 56z <input type="checkbox"/> ●56	56		.00
57 Total non-refundable credits. Add lines 53 through 56		57		.00
58 Net income tax. Line 52 minus line 57. If line 57 is more than line 52, enter -0-		58		.00
PAYMENTS AND REFUNDABLE CREDITS	59 Oregon income tax withheld from income. Include Forms W-2 and 1099	59		.00
	60 Estimated tax payments for 2009 and payments made with your extension	60		.00
	61 Tax withheld from pass-through entity and real estate transactions	61		.00
	62 Earned income credit. See instructions, page 33	62		.00
	63 Working family child care credit from WFC-N/P, line 21	63		.00
Include Schedule WFC-N/P if you claim this credit	64 Mobile home park closure credit. Include Schedule MPC.....	64		.00
	65 Total payments and refundable credits. Add lines 59 through 64	65		.00
66 Overpayment. Is line 58 less than line 65? If so, line 65 minus line 58.....		OVERPAYMENT→	66	.00
67 Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65		TAX TO PAY→	67	.00
68 Penalty and interest for filing or paying late. See instructions, page 34.....		68		.00
69 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/> ●69		69		.00
Exception # from Form 10, line 1 ●69a <input type="checkbox"/> Check box if you annualized ●69b <input type="checkbox"/>				
70 Total penalty and interest due. Add lines 68 and 69		70		.00
71 Amount you owe. Line 67 plus line 70		AMOUNT YOU OWE→	71	.00
72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70		REFUND→	72	.00
73 Estimated tax. Fill in the part of line 72 you want applied to 2010 estimated tax ● 73		73		.00
CHARITABLE CHECKOFF DONATIONS, PAGE 35 <i>I want to donate part of my tax refund to the following fund(s)</i>	Oregon Nongame Wildlife ● 74		.00	These will reduce your refund
	The Nature Conservancy ● 76		.00	
	Oregon Humane Society ● 78		.00	
	Oregon Veterans' Home ● 80		.00	
	Oregon Lions Sight & Hearing ● 82		.00	
	Special Olympics Oregon ● 84		.00	
	Charity code ●86a <input type="checkbox"/> ●86b <input type="checkbox"/>		.00	
	St. Vincent de Paul Society ● 75		.00	
	Doernbecher Children's Hospital ● 77		.00	
	The Salvation Army ● 79		.00	
Planned Parenthood of Oregon ● 81		.00		
Shriners Hospitals for Children ● 83		.00		
Susan G. Komen for the Cure ● 85		.00		
Charity code ●87a <input type="checkbox"/> ●87b <input type="checkbox"/>		.00		
88 Total. Add lines 73 through 87. Total can't be more than your refund on line 72		88		.00
89 NET REFUND. Line 72 minus line 88. This is your net refund		NET REFUND→	89	.00

90 For direct deposit of your refund, see instructions, page 35. ● **Type of Account:** ☐ Checking or ☐ Savings

DIRECT DEPOSIT ● Routing No. ● Account No.

Will this refund go to an account outside the United States? ● ☐ Yes

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR. Do not include other federal schedules.

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

Your signature	Date	Signature of preparer other than taxpayer	● License No.
X		X	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)	Date	Address	Telephone No.
X			