

2024 Form OR-40-P

Oregon Individual Income Tax Return for Part-year Residents

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)

/ /

- Extension filed
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military

Amended return.

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

- Calculated with "as if" federal return
- Short-year tax election
- Employment exception

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

From (MM/DD/YYYY)

/ /

To (MM/DD/YYYY)

/ /

Oregon resident dates:

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

- -



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

[Grid for last name]

[Grid for SSN]

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

Filing Status (check only one box)

- 1. Single 2. Married filing jointly 3. Married filing separately (enter spouse information on page 1) 4. Head of household (with qualifying dependent) 5. Qualifying surviving spouse

Exemptions

6a. Credits for yourself6a.

[Input box for 6a]

Check boxes that apply: Regular Severe disability Someone else can claim you as a dependent

6b. Credits for your spouse6b.

[Input box for 6b]

Check boxes that apply: Regular Severe disability Someone else can claim your spouse as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code * Child with a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code * Child with a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code * Child with a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents6c.

[Input box for 6c]

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

[Input box for 6d]



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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

Grid for Total 6e input

Income

Federal column (F)

Oregon column (S)

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

7F. Grid for Federal column (F) input

7S. Grid for Oregon column (S) input

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

8F. Grid for Federal column (F) input

8S. Grid for Oregon column (S) input

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

9F. Grid for Federal column (F) input

9S. Grid for Oregon column (S) input

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

10F. Grid for Federal column (F) input

10S. Grid for Oregon column (S) input

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

11F. Grid for Federal column (F) input

11S. Grid for Oregon column (S) input

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

12F. Grid for Federal column (F) input

12S. Grid for Oregon column (S) input

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

13F. Grid for Federal column (F) input

13S. Grid for Oregon column (S) input

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

14F. Grid for Federal column (F) input

14S. Grid for Oregon column (S) input



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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Federal column (F)

Oregon column (S)

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

15F. [][][] , [][][] , [][][] . [0] [0]

15S. [][][] , [][][] , [][][] . [0] [0]

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

16F. [][][] , [][][] , [][][] . [0] [0]

16S. [][][] , [][][] , [][][] . [0] [0]

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

17F. [][][] , [][][] , [][][] . [0] [0]

17S. [][][] , [][][] , [][][] . [0] [0]

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

18F. [][][] , [][][] , [][][] . [0] [0]

18S. [][][] , [][][] , [][][] . [0] [0]

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. [][][] , [][][] , [][][] . [0] [0]

19S. [][][] , [][][] , [][][] . [0] [0]

20. Total income. Add lines 7 through 19.

20F. [][][] , [][][] , [][][] . [0] [0]

20S. [][][] , [][][] , [][][] . [0] [0]

Adjustments

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

21F. [][][] , [][][] , [][][] . [0] [0]

21S. [][][] , [][][] , [][][] . [0] [0]

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

22F. [][][] , [][][] , [][][] . [0] [0]

22S. [][][] , [][][] , [][][] . [0] [0]



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Adjustments (continued)

Federal column (F)

Oregon column (S)

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

23F. [][][] , [][][] , [][][] . 0 0

23S. [][][] , [][][] , [][][] . 0 0

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, line A7 for the federal column and line A8 for the Oregon column.

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, line B7 for the federal column and line B8 for the Oregon column.

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

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



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Grid for SSN

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Additions (continued)

Federal column (F)

Oregon column (S)

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

31F. Grid for federal column

31S. Grid for Oregon column

Subtractions

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

32F. Grid for federal column

33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.

33F. Grid for federal column

33S. Grid for Oregon column

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

34F. Grid for federal column

34S. Grid for Oregon column

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

Deductions and modifications

36. Amount from line 34F 36.

Grid for line 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.

Grid for line 37

38. Standard deduction. Enter your standard deduction 38.

Grid for line 38

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

Table with 6 columns: Standard deductions, Single, Married filing jointly, Married filing separately, Qualifying surviving spouse, Head of household

See instructions if you or your spouse are age 65 or older, blind, or can be claimed as a dependent on someone else's return, or are married filing separately.

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

Grid for line 39

40. 2024 federal tax liability (see instructions) 40.

Grid for line 40



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Deductions and modifications (continued)

- 41. Total modifications from Schedule OR-ASC-NP, line D7 41.
42. Add lines 39, 40, and 41..... 42.
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0 43.

Oregon tax

- 44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions) 44.
44a. Schedule OR-FIA-40-P 44b. Worksheet FCG 44c. Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions)..... 45.
46. Interest on certain installment sales 46.
47. Total tax recaptures from Schedule OR-ASC-NP, line E5 47.
48. Total additions to tax. Line 46 plus line 47 48.
49. Total tax before credits. Add lines 45 and 48 49.

Standard and carryforward credits

- 50. Exemption credit (see instructions) 50.
51. Total standard credits from Schedule OR-ASC-NP, line F16 51.
52. Total standard credits. Add lines 50 and 51 52.
53. Tax minus standard credits. Line 49 minus line 52. If line 52 is more than line 49, enter 0 53.

Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Standard and carryforward credits (continued)

54. Total carryforward credits used this year (Schedule OR-ASC-NP, line G9). Line 54 can't be more than line 53 (Schedule OR-ASC and OR-ASC-NP Instructions) 54.

55. Tax after standard and carryforward credits. Line 53 minus line 54..... 55.

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099 56.

57. Prior-year refund applied as estimated payment 57.

58. Estimated tax payments for 2024. Include all estimated payments, including any extension payment or tax withheld from real estate transactions, that you made by April 15, 2025. Do not include the amount you already reported on line 57 58.

59. Estimated tax payments from Schedule OR-K-1, line 20 (PTE owner payment from Form OR-19 - see instructions)..... 59.

60. Earned income credit (see instructions) 60.

61. Oregon Kids Credit (see instructions)..... 61.

Reserved

63. Total refundable credits from Schedule OR-ASC-NP, line H7 63.

64. Total payments and refundable credits. Add lines 56 through 63 64.

Tax to pay or refund

65. Overpayment of tax. If line 55 is less than line 64, you overpaid. Line 64 minus line 55..... 65.

66. Net tax. If line 55 is more than line 64, you have tax to pay. Line 55 minus line 64..... 66.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Tax to pay or refund (continued)

67. Penalty and interest for filing or paying late (see instructions)..... 67.

Input grid for line 67: [][][] , [][][] , [][][] . 0 0

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

Input grid for line 68: [][][] , [][][] , [][][] . 0 0

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.

Input grid for line 69: [][][] , [][][] , [][][] . 0 0

70. Net tax including penalty and interest.

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

Input grid for line 70: [][][] , [][][] , [][][] . 0 0

71. Overpayment less penalty and interest.

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

Input grid for line 71: [][][] , [][][] , [][][] . 0 0

72. Amount from line 71 you want to apply as a payment of your 2025* estimated tax (*to a later year if filing after 1/15/2026)..... 72.

Input grid for line 72: [][][] , [][][] , [][][] . 0 0

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

Input grid for line 73: [][][] , [][][] , [][][] . 0 0

74. Higher education savings plan deposits from Schedule OR-529, line 5..... 74.

Input grid for line 74: [][][] , [][][] , [][][] . 0 0

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

Input grid for line 75: [][][] , [][][] , [][][] . 0 0

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

Input grid for line 76: [][][] , [][][] , [][][] . 0 0

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

Account number grid

Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Reserved area

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

Signature line with X

Date (MM/DD/YYYY)

Date input grid

Spouse signature

Signature line with X

Date (MM/DD/YYYY)

Date input grid

Signature of preparer other than taxpayer

Signature line with X

Date (MM/DD/YYYY)

Date input grid

Preparer phone

Phone input grid

Preparer license number

License number input grid

Preparer first name

First name input grid

Initial

Initial input grid

Preparer last name

Last name input grid

Preparer address

Address input grid

City

City input grid

State

State input grid

ZIP code

ZIP code input 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

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2024 Oregon Form OR-40-P" and the last four digits of your SSN or ITIN on your check or money order.



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Last name

Grid for last name input

SSN

Grid for SSN input

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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.

Amended statement. Complete this section only if you're amending your 2024 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 box for amended statement details

