

# 2016 Form OR-40

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Oregon Department of Revenue



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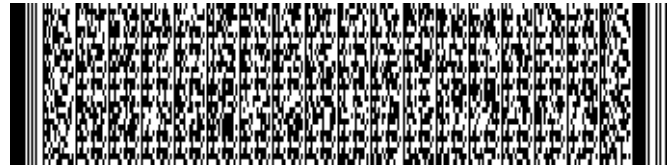
Office use only

## Oregon Individual Income Tax Return for Full-year Residents

Submit original form — do not submit photocopy.

Fiscal year ending: **12/31/2016**

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



- ☐ Amended return. If amending for an NOL, tax year the NOL was generated:
- ☐ Calculated using "as if" federal return.
- ☐ Short year tax election.
- ☐ Extension filed.
- ☐ Form OR-24.

First name and initial

Last name

**JOSHUA T**

**PAUL**

Spouse's first name and initial

Spouse's last name

Current mailing address

**8825 SW SNOOPY COURT**

Country

Phone

**860-336-1346**

Social Security no. (SSN)

Date of birth (mm/dd/yyyy)

☐ Deceased

**046-90-4837**

Spouse's SSN

☐ Applied for SSN

**09/17/1990**

Spouse's date of birth

☐ Deceased

☐ Applied for SSN

City

**PORTLAND**

State

**OR**

ZIP code

**97223**

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 person).
- 5 ☐ Qualifying widow(er) with dependent child.

Exemptions

6a Credits for yourself: ☒ Regular; ☐ Severely disabled . . . 6a

Total

**1**

☐ Check box if someone else can claim you as a dependent.

6b Credits for spouse: ☐ Regular; ☐ Severely disabled . . . 6b

☐ Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box with your return.

☐ and include Schedule OR-ADD-DEP

First name

Last name

Code\*

Dependent's SSN

Dependent's date of birth (mm/dd/yyyy)

Check if child with qualifying disability

☐
☐
☐
☐

\*Dependent relationship code — Please see instructions to determine appropriate two digit code.

6c Total number of dependents . . . . . 6c

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

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

**1**

**2016 Form OR-40**

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Oregon Department of Revenue



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Name

SSN

**JOSHUA T PAUL****046-90-4837****Taxable income**

7	Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10; or 1040X, line 1C. See instructions . . . . .	7	<b>55,547.00</b>
8	Total additions from Schedule OR-ASC, section 1 . . . . .	8	
9	Income after additions. Add lines 7 and 8 . . . . .	9	<b>55,547.00</b>

**Subtractions**

10	2016 federal tax liability <b>(\$0-\$6,500; see instructions</b> for the correct amount) . . . . .	10	<b>6,500.00</b>
11	Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b . . . . .	11	
12	Oregon income tax refund included in federal income . . . . .	12	
13	Total subtractions from Schedule OR-ASC, section 2 . . . . .	13	
14	Total subtractions. Add lines 10 through 13 . . . . .	14	<b>6,500.00</b>
15	Income after subtractions. Line 9 minus line 14 . . . . .	15	<b>49,047.00</b>

**Deductions**

16	Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18 . . . . .	16	
17	State income tax claimed as an itemized deduction . . . . .	17	
18	Net Oregon itemized deductions. Line 16 minus line 17 . . . . .	18	
19	<b>Standard deduction</b> . . . . .	19	<b>2,155.00</b>

19a You were: ☐ 65 or older; ☐ Blind. Your spouse was: ☐ 65 or older; ☐ Blind.

20	Enter the larger of line 18 or line 19. If you skipped line 18, enter the amount from line 19. . . . .	20	<b>2,155.00</b>
21	Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0- . . . . .	21	<b>46,892.00</b>

**Oregon tax**

22	Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using: . . . . .	22	<b>3,981.00</b>
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22a ☐ Form OR-FIA-40; 22b ☐ Worksheet OR-FCG; 22c ☐ Schedule OR-PTE.

23	Interest on certain installment sales. . . . .	23	
24	Total tax before credits. Add lines 22 and 23 . . . . .	24	<b>3,981.00</b>

**Standard and carryforward credits**

25	Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total exemptions on line 6e by \$195. Otherwise, see instructions . . . . .	25	<b>195.00</b>
26	Political contribution credit. See limits . . . . .	26	
27	Total standard credits from Schedule OR-ASC, section 3 . . . . .	27	
28	Total standard credits. Add lines 25 through 27 . . . . .	28	<b>195.00</b>
29	Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter -0- . . . . .	29	<b>3,786.00</b>
30	Total carryforward credits claimed this year from Schedule OR-ASC, section 4, Line 30 can't be more than line 29 (see Schedule OR-ASC instructions) . . . . .	30	
31	Tax after standard and carryforward credits. Line 29 minus line 30 . . . . .	31	<b>3,786.00</b>

**Payments and refundable credits**

32	Oregon income tax withheld. <b>Include a copy of Form(s) W-2 and 1099</b> . . . . .	32	<b>3,954.00</b>
33	Amount applied from your prior year's tax refund. . . . .	33	
34	Estimated tax payments for 2016. Include all payments made prior to the filing date of this return. Do not include the amount already reported on line 33 . . . . .	34	
35	Earned income credit. See instructions . . . . .	35	
36	Total refundable credits from Schedule OR-ASC, section 5 . . . . .	36	
37	Total payments and refundable credits. Add lines 32 through 36 . . . . .	37	<b>3,954.00</b>

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Oregon Department of Revenue



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Name

SSN

**JOSHUA T PAUL**

**046-90-4837**

## Tax to pay or refund

38	<b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 37, you overpaid. Line 37 minus line 31 . . . . .	38	<b>168.00</b>
39	<b>Net tax.</b> If line 31 is <b>more</b> than line 37, you have tax to pay. Line 31 minus line 37 . . . . .	39	
40	Penalty and interest for filing or paying late. See instructions . . . . .	40	
41	Interest on underpayment of estimated tax. <b>Include Form OR-10</b> . . . . .	41	

Exception number from Form OR-10, line 1: 41a

Check box if you annualized: 41b

☐

42	Total penalty and interest due. Add lines 40 and 41 . . . . .	42	
43	<b>Net tax including penalty and interest.</b> Line 39 plus line 42 . . . . . <b>This is the amount you owe</b>	43	
44	<b>Overpayment less penalty and interest.</b> Line 38 minus line 42 . . . . . <b>This is your refund</b>	44	<b>168.00</b>
45	<b>Estimated tax.</b> Fill in the part of line 44 you want applied to your estimated tax account . . . . .	45	
46	Charitable checkoff donations from Schedule OR-DONATE, line 30 . . . . .	46	
47	Political party \$3 checkoff. Party code: 47a You. 47b Spouse. . . . .	47	
48	Total Oregon 529 College Savings Plan deposits from Schedule OR-529. See instructions . . . . .	48	
49	Total. Add lines 45 through 48; total can't be more than your refund on line 44 . . . . .	49	
50	Line 44 minus line 49. This is your net refund . . . . . <b>Net refund</b>	50	<b>168.00</b>

## Direct deposit

51 For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States:

☐

Type of account: ☐ Checking; or ☐ Savings.

Preparer license number, if professionally prepared

Routing number:

Account number:

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

Your signature

Date

X

Spouse's signature (if filing jointly, both **must** sign)

Date

X

Signature of preparer other than taxpayer

Preparer phone

X

Preparer address

City

State

ZIP code

**Important:** Include a copy of your federal form 1040, 1040A, 1040EZ, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

## Make your payment (if you have an amount due on line 43)

- **Online payments:** You may make payments online at [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime phone number, SSN or ITIN, and "2016 Oregon Form OR-40" on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

## Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return 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 2-D barcode area on the front of this return 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.