

# OREGON INDIVIDUAL INCOME TAX RETURN

# 1996

# Form 40

**FULL-YEAR RESIDENTS  
ONLY**

Fiscal year ending

**For office use only**

Date received	
Penalty date	Payment amount

<b>USE LABEL</b>  Otherwise, please print or type.	Last name	First name and initial	Social Security number (SSN)	Your Age
	Spouse's last name if different and joint return	Spouse's first name and initial if joint return	Spouse's SSN, if joint return	Spouse's Age
	Current mailing address <span style="float: right;">Place label here</span>			Telephone number ( )
	City	State	ZIP Code	If you filed a return in 1995 and this address is different, check here → <input type="checkbox"/>

Did you file an Oregon income tax return for 1995?  Yes  No If NO, give reason:

<b>Filing Status</b>  Check only one box	1 <input type="checkbox"/> Single	<b>Exemptions</b> Regular                      Severely disabled 6a Yourself <input type="checkbox"/> <input type="checkbox"/> 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6c Dependents ..... ● c <input type="checkbox"/> 6d Disabled children only (First names) ..... ● d <input type="checkbox"/> <b>Total</b> ..... ● e <input type="checkbox"/>	Total	
	2 <input type="checkbox"/> Married filing jointly		6a	<input type="checkbox"/>
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)		b	<input type="checkbox"/>
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)		c	<input type="checkbox"/>
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		d	<input type="checkbox"/>
<b>7 Check if:</b> <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind	<b>Check if you filed an extension</b> <input type="checkbox"/>	For office use only 1                      2                      3		

**Attach a Copy of Your Federal Form 1040, 1040A, 1040EZ, or 1040PC.  
Do not attach federal schedules A, B, C, Form 2441, etc.**

8 Federal adjusted gross income. Federal Form 1040, line 31, federal Form 1040A, line 16 or federal Form 1040EZ, line 4 ..... 8

**ADDITIONS**

9 Interest on government bonds of other states ..... ● 9

10 Other additions. Identify ..... ● 10

11 Total additions. Add lines 9 and 10 ..... 11

12 Income after additions. Line 8 plus line 11 ..... 12

**SUBTRACTIONS**

13 1996 federal tax liability (\$0 - \$3,000, see instructions for the correct amount) ..... ● 13

14 Social Security included on federal Form 1040, line 20b or Form 1040A, line 13b ..... ● 14

15 Oregon income tax refund included in federal income ..... ● 15

16 Interest from U.S. government, such as Series EE and HH bonds ..... ● 16

17 Oregon deferral of reinvested gain (see instructions on page 20. Attach the form) ..... ● 17

18 Other subtractions. Identify ..... ● 18

19 Total subtractions. Add lines 13 through 18 ..... 19

20 Income after subtractions. Line 12 minus line 19 ..... 20

**DEDUCTIONS** Fill in lines 21 through 25 or line 26 only

21 Itemized deductions from Schedule A, line 28 ..... ● 21

22 Special Oregon medical deduction (you must be at least age 60) ..... ● 22

23 Total Oregon itemized deductions. Add lines 21 and 22 ..... 23

24 State income tax claimed as an itemized deduction ..... ● 24

25 Net Oregon itemized deductions. Line 23 minus line 24 ..... 25

(Either line 25 or 26)

26 Standard deduction from page 22 ..... 26

27 Total deductions. Line 25 or line 26, whichever is larger ..... 27

28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0- ..... ● 28

Staple W-2 wage slips here

29 Oregon taxable income from front of form, line 28	29		
30 Oregon tax from tables or tax rate charts, pages 12 through 14. OREGON TAX	30		
31 Interest on certain installment sales	31		
32 Total tax. Add lines 30 and 31	32		

**CREDITS**

33 Exemption credit. Multiply your total exemptions on line 6e by \$124	33			} ADD TOGETHER
34 Retirement income credit. See instructions, page 27	34			
35 Child and dependent care credit. See instructions, page 28	35			
36 Credit for the elderly or the disabled. See instructions, page 28	36			
37 Political contribution credit. See limits, page 28	37			
38 Credit for income tax paid to another state. Name of state _____ Attach proof	38			
39 Other credits. Identify _____	39			
40 Total credits. Add lines 33 through 39	40			
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32 fill in -0-	41			

**TAX PAYMENTS MADE IN 1996**

42 Oregon income tax withheld from income. Attach W-2 wage slips and 1099R Forms	42			} ADD TOGETHER
43 Estimated tax payments for 1996. Include payments made with your extension	43			
44 Total payments. Add lines 42 and 43	44			
45 OVERPAYMENT. If line 41 is less than line 44, you overpaid. Line 44 minus line 41	45			
46 TAX-TO-PAY. If line 41 is more than line 44, you have tax-to-pay. Line 41 minus line 44	46			
47 Penalty and interest. For filing or paying late	47			
48 Interest on estimated tax underpayment. If Form 10 is attached, check <input type="checkbox"/>	48			
49 Total penalty and interest due. Add lines 47 and 48	49			

50 AMOUNT-YOU-OWE. Add lines 46 and 49 STOP HERE! AMOUNT-YOU-OWE	50		
51 REFUND. Is line 45 more than line 49? If so, line 45 minus line 49 REFUND	51		

52 ESTIMATED TAX. Fill in the part of line 51 you want applied to 1997 estimated tax	52			} These will reduce your refund	
I wish to donate part of my refund on line 51 to the following fund(s):					
53 Oregon Nongame Wildlife <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	53				
54 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	54				
55 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	55				
56 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	56				
57 AIDS/HIV Education and Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	57				
58 Total. Add lines 52 through 57. Total can't be more than your refund on line 51	58				
59 NET REFUND. Line 51 minus line 58. This is your net refund NET REFUND	59				

**Attach a Copy of Your Federal Form 1040, 1040A, 1040EZ, or 1040PC.  
Do not attach federal schedules A, B, C, Form 2441, etc.**

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

<b>SIGN HERE</b>	<input type="checkbox"/> Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	<input type="checkbox"/> Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____	Address _____

Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1996 Form 40" on your payment.

<b>Mail tax-to-pay returns to:</b> Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940	<b>Mail refund returns and no tax due returns to:</b> REFUND, PO Box 14700, Salem OR 97309-0930
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