# OREGON INDIVIDUAL INCOME TAX

405	

iscal year ending	
iscal year ending	Penal

For office use only					
e received					
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SHORT FORM  Last name  Last name  Spouse's last name if different and joint return  Spouse's first name and initial  Spouse's SSN, if joint return  Telephone number  ( )  If you filed a return in 1995 and this address is different, check here   Filing  Status  The spouse's Social Security number  Severely  Severely  Gerson who qualifies you)  First name and initial  Spouse's SSN, if joint return  Frelephone number  ( )  If you filed a return in 1995 and this address is different, check here   Friling  Status  Severely  Gisabled  6a Yourself  6b Spouse  6c Dependents  (First names)  First names)  Outlier only  First names  Outlier only  First names  Outlier only  First names  Outlier only  First names  Frieshow  First names  Frieshow  First names  First name  First name  First name  Spouse's SSN, if joint return  Flewer  First name and initial  First name and ini		IDAI	RESIDENT	SONLY	Fiscal year er	nding	Penalty of	late	Payment a	mount	
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box 4   Head of household   Genome that the content of the content	Check	3 Married filing se	parately (Spou	se's name)	6b Spouse					b	
# Head of household   (Person who qualifies you)   6d   Disabled children only   First names    Total   • e   Check if:   You were 65 or older   Blind   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent, check here   Filed   If someone else can claim you as a dependent else some set some than line 24, some set some set san check here   If someone else can claim you as a dependent check here   If someone else can claim you as a dependent check here   If someone else can claim you as a dependent check here   If someone else can claim you   If someone else can else weathen   If someone else can claim you   If someone else can claim you   If someone last the else on the set of some else can claim y	•		(Spouse's Soci	al Security number)	6c Dependents					• c	
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33 <b>NET REFUND</b> . Line 26 minus line 32. This is your net refund									22		
nder penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge lief 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.  Your signature  Date  Signature of preparer other than taxpayer  License			=		-						+
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		Your signature		Date	Signature of prepar	er other	than taxp	ayer		Lice	nse N
Spouse's signature (If filing jointly, BOTH must sign even if only one had income)  Address	1	opouse a signature (ii iiiifiq  0	may, DO III must sign even ii (	nny one nau micome)	Address						

Mail tax-to-pay returns to:

Oregon Department of Revenue, PO Box 14555 Salem OR 97309-0940

Mail refund returns and no tax due returns to:

REFUND, PO Box 14700, Salem OR 97309-0930

## Your standard deduction for line 14, Form 40S

Generally, your standard deduction is based on your filing status as follows:

Single	\$1,800
Married filing jointly	3,000
Married filing separately	1,500
Head of household	2,640
Qualifying widow(er)	3,000

If you can be claimed as a dependent on another person's return, your standard deduction is limited to the greater of:

- 1. \$500, or
- 2. Your earned income. This is limited to the maximum allowed for your filing status, as shown above. This limit applies even if the other person can, but does not claim you as a dependent on their return.

### Additional deduction:

You are allowed an additional deduction amount if you or your spouse are age 65 or older, or blind. The additional amount is based on your filing status:

Single or Head of household—\$1,200 All others—\$1,000

Example. Al and Amy Edwards are filing a joint return. Al is 70 years old and blind. Amy is 68. Their standard deduction is figured as follows:

Married filing jointly	\$3,000
Additional amount due to Al's age	1,000
Additional amount due to	
Amy's age	1,000
Additional amount due to	
Al's blindness	1,000
Total standard deduction	\$6,000

Fill in your total standard deduction on line 14, Form 40S.