Oregon Individual Income Tax Return

Form
40S
SHORT FORM

1998

FULL-YEAR RESIDENTS ONLY



Date received

For off	ice u	se only

T.													
J	Pamamhar		Last name			First name and initial			Ente	Enter your Social Security No. (SSN)			Your age
Rememi		ber											
	to write		Spouse's last name if different and joint return			Spouse's fi	rst name a	and initial if joint return	Ente	Enter Spouse's SSN, if joint return			Spouse's age
	in your	•											
	Social		Current ma	ailing address					Tele	phone numbe	er		_
	Security I	No.							(()			
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	Filing							Exemptions	Regula	ar	Severely disabled		Total
	Status		Mar	ried filing jointly				6a Yourself					6a
	Check	3	Mar	ried filing separately	(Spouse's name)		6b Spouse					b	
	only one	е						6c Dependents _			<u> </u>	•	С
	box	4	Hea	ead of household .	(Spouse's Socia	(Spouse's Social Security number) (Person who qualifies you)		(First na	mes)		_ `	d
			_					6d Disabled	First na	mos)		•	
		5	5 Qualifying widow(er) with dependent child					children only	ı iistiia	11165)	To	otal •	6e
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ā	16	Tax f	rom tables	s, pages 21 throug	jh 23				.•	. <u></u>	• 16		
ē	17 I	EXE	IPTION C	REDIT. Multiply	your total exemp	tions on lin	ne 6e by	\$132	17	7			
Ś	18 I	Earne	ed income	credit. See instru	uctions, page 10				• 18	3			
≗	19 \	Work	ing family	credit. See instru	ctions, page 10				• 19	9			
S	20 (Child	and depe	ndent care credit.	See instructions	s, page 11			• 20)			
ğ	21 (Othe	credits (s	ee instructions). I	dentify				• 2	1			
≶	22	Total	credits. A	dd lines 17 throu	gh 21				22				
ņ	23	Net ir	ncome tax	. Line 16 minus li	ne 22. If line 22	is more that	an line 16	6, fill in -0	. .		• 23		
⋜	24 (d 1099 forms					
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		29 Alzheimer's Disease Research									reduce		
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	30 3	SIOD I	Joinestic &	Sexual Violence .	□ ⊅i, l	თე, ∟ □ ¢ _F ⊏					- ↑)	
		31 AIDS/HIV Education and Services \$\Bigcup \\$1, \$\Bigcup \\$5, \$\Bigcup \\$10, \$\Bigcup \\$0 Other \\$ \in 31 \Bigcup \\$31 \$\Bigcup \\$32 Total donations. Add lines 27 through 31. Total can't be more than your refund on line 25											
L	33 I	NET	KEFUND.	Line 25 minus lir	ne 32. This is yo	ur net refu	nd			NET REFU	JND 33 L		
Γ	Under pena	alties	or false swe	earing, I declare that	I have examined t	his return, ir	ncluding a	ccompanying schedule	es and	statements.	To the best of m	y knowle	edge and be-
								eclaration is based on					
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	SIGN -	Yo	ur signature	9		Date		Signature of prepare	er othe	r than taxpay	er		License No.
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:	 	Spi	ouse's signati	ure (If filing jointly, BOTI	H must sign even if on	ly one had inc	ome)	Address					
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Your standard deduction for line 13, 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. Your earned income plus \$250, but no more than the maximum allowed for your filing status, as shown above, or

2. \$700

This limit applies even if the other person can, but does not, claim you as a dependent on his or her return.

Age 65 or older, or blind:

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 13, Form 40S.