

Oregon Individual Income Tax Return

1999

FULL-YEAR RESIDENTS ONLY

Form 40S

SHORT FORM

For office use only

Date received

Remember to write in your Social Security No.	Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth Year	
	Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Enter Spouse's SSN, if joint return - -		Spouse's Birth Year	
	Current mailing address					Telephone number ()		
	City		State	ZIP Code		If you filed a return in 1998, and this address is different, check here <input type="checkbox"/>		

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions Regular Severely disabled 6a Yourself <input type="checkbox"/> <input type="checkbox"/> Total 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6a 6c Dependents (First names) ● c 6d Disabled children only (First names) ● d Total ● 6e		
	2 <input type="checkbox"/> Married filing jointly			
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)			
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)			
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child			

7 Check if: You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	If someone else can claim you as a dependent, check here <input type="checkbox"/>	Check if you filed an extension <input type="checkbox"/>	For office use only	1 2 3
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Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, scholarships, and other pay for work	● 8		
9 Interest: 9a _____ plus Dividends: 9b _____	● 9		
10 Unemployment compensation. See instructions, page 9	● 10		
11 Total income. Add lines 8 through 10		11	
12 1999 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	● 12		
13 Standard deduction from the back of this form	13		
14 Add lines 12 and 13		14	
15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0-	● 15		
16 Tax from tables, pages 21 through 23	● 16		
17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$134	17		
18 Earned income credit. See instructions, page 10	● 18		
19 Working family credit. See instructions, page 10	● 19		
20 Child and dependent care credit. See instructions, page 10	● 20		
21 Other credits (see instructions). Identify _____	● 21		
22 Total credits. Add lines 17 through 21		22	
23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0-	● 23		
24 Oregon tax withheld from income. Attach your Form(s) W-2 and 1099	● 24		
25 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	● 25	REFUND	
26 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24	● 26	TAX-TO-PAY	
I wish to donate part of my tax refund to the following fund(s):			
27 Oregon Nongame Wildlife	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 27	These will reduce your refund
28 Child Abuse Prevention	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 28	
29 Alzheimer's Disease Research	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 29	
30 Stop Domestic & Sexual Violence	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 30	
31 AIDS/HIV Education and Services	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 31	
32 Total donations. Add lines 27 through 31. Total can't be more than your refund on line 25		32	
33 NET REFUND. Line 25 minus line 32. This is your net refund	NET REFUND	33	

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

SIGN HERE	Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____	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
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Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1999 Form 40S" on your payment.

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:

Each taxpayer and each spouse who is age 65 or older is allowed an additional deduction amount. Each taxpayer and each spouse who is blind is also allowed an additional deduction amount. 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	<u>1,000</u>
Total standard deduction	<u>\$6,000</u>

Fill in your total standard deduction on Form 40S, line 13.