



Oregon Individual Income Tax Return

Form 40 2000

FULL-YEAR RESIDENTS ONLY

For office use only

Fiscal year ending	Date received
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Last name	First name and initial	Enter your Social Security No. (SSN) - -	Birth year	For office use only
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 1999, and this address is different, check here <input type="checkbox"/>	

Filing Status

1 Single

2 Married filing jointly

3 Married filing separately _____
(Spouse's name)

(Spouse's Social Security number)

4 Head of household _____
(Person who qualifies you)

5 Qualifying widow(er) with dependent child

Check only one box

Exemptions

	Regular	Severely disabled	Total
6a Yourself	<input type="text"/>	<input type="text"/>	6a <input type="text"/>
6b Spouse	<input type="text"/>	<input type="text"/>	b <input type="text"/>
6c All dependents _____ (First names)			c <input type="text"/>
6d Disabled children only _____ (First names)			d <input type="text"/>
Total			6e <input type="text"/>

7 Check if: You were: 65 or older Blind
Spouse was: 65 or older Blind

Check if you filed an extension

Check here to donate your kicker refund to the School Fund.

See instructions.

Attach a Copy of Your Federal Form 1040, 1040A, or 1040EZ. Do Not Attach Federal Schedules.

Staple W-2 wage slips here

8 Federal adjusted gross income. Federal Form 1040, line 33; 1040A, line 19; or 1040EZ, line 4; or Telefile Tax Record, line I. See instructions 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. Add lines 8 and 11 12

SUBTRACTIONS

13 2000 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 14b ● 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 Federal pension income (see instructions on page 26) _____% ● 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

If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.

21 Itemized deductions from Schedule A, line 28 ● 21

22 Special Oregon medical deduction (you or your spouse must be at least age 62) ● 22

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

24 State income tax claimed as an itemized deduction from Schedule A, line 5 ● 24

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

OR

26 Standard deduction from page 29 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

(Either line 25 or 26)

29 Oregon taxable income from front of form, line 28	29		
30 Oregon tax from tables or tax rate charts, pages 21 through 23 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 \$139	33			}	ADD TOGETHER
34 Earned income credit. See instructions, page 29	● 34				
35 Working family credit. See instructions, page 29	● 35				
36 Retirement income credit. See instructions, page 31	● 36				
37 Child and dependent care credit. See instructions, page 32	● 37				
38 Credit for the elderly or the disabled. See instructions, page 32	● 38				
39 Political contribution credit. See limits, page 32	● 39				
40 Credit for income taxes paid to another state. Name of state _____ Attach proof ● 40					
41 Other credits. Identify _____ ● 41					
42 Total credits. Add lines 33 through 41	42				
43 Net income tax. Line 32 minus line 42. If line 42 is more than line 32 fill in -0-	● 43				

TAX PAYMENTS, PENALTY & INTEREST

44 Oregon income tax withheld from income. Attach Form(s) W-2 and 1099	● 44			}	ADD TOGETHER
45 Estimated tax payments for 2000. Include payments made with your extension	● 45				
46 Total payments. Add lines 44 and 45	46				
47 OVERPAYMENT. If line 43 is less than line 46, you overpaid. Line 46 minus line 43	● OVERPAYMENT ● 47				
48 TAX-TO-PAY. If line 43 is more than line 46, you have tax-to-pay. Line 43 minus line 46	● TAX-TO-PAY ● 48				
49 Penalty and interest for filing or paying late. See instructions, page 34	● 49				
50 Interest on estimated tax underpayment. If Form 10 is attached, check <input type="checkbox"/>	● 50				
51 Total penalty and interest due. Add lines 49 and 50	51				
52 AMOUNT-YOU-OWE. Line 48 plus line 51	STOP HERE! AMOUNT-YOU-OWE 52				
53 REFUND. Is line 47 more than line 51? If so, line 47 minus line 51	REFUND 53				

54 ESTIMATED TAX. Fill in the part of line 53 you want applied to 2001 estimated tax	● 54			}	These will reduce your refund		
I wish to donate part of my refund on line 53 to the following fund(s):							
55 Oregon Nongame Wildlife <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 55						
56 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 56						
57 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 57						
58 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 58						
59 AIDS/HIV Education and Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 59						
60 Other charity. Enter code ● <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	● 60						
61 Total. Add lines 54 through 60. Total can't be more than your refund on line 53	61						
62 NET REFUND. Line 53 minus line 61. This is your net refund	NET REFUND 62						

Important: Attach a Copy of Your Federal Form 1040, 1040A, 1040EZ, or Telefile Tax Record.

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 _____	

Make check or money order payable to **Oregon Department of Revenue.**
Write your Social Security number and **"2000 Form 40"** on your payment.

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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