

Oregon Individual Income Tax Return

2001

FULL-YEAR RESIDENTS ONLY Form 40S

|--|

Date received

Rett	1111	KESIDEN	115 ONLY	S	HORT FORM			
Last name		First name	and initial		Social Security No. (SS —	SN) —	Birth Year	For office use only
Spouse's last name if different and joint return		Spouse's f	Spouse's first name and initial if joint re		rn Spouse's SSN, if joint return — — —		Spouse's Birth Year	1
Current mailin	g address				Telephone number			2
City		State	ZIP Code		If you filed a return address is differen			3
• Filing Status	 Single Married filing jointly Married filing separately 		(Spauce's name)	6a	xemptions Regula Yourself Spouse	Se ir di	sabled	Total 6a
only one box	4 Head of household	(Spouse'	(Spouse's name) (Spouse's Social Security number)		Dependents (First na	mes)		c
	•	(Person who qualifies you) Qualifying widow(er) with dependent child			children only (First nar	mes)	Total •	6e
7a Check if:	You were: 65 or older Spouse was: 65 or older	브	7b Check if you filed an extension		omeone else can clai a dependent, check h			
	8 Wages, salaries, tips, co 9 Interest: 9a		plus Dividends: 9b _		• <u>\$</u>	9		
	10 Unemployment benefits.11 Total income. Add lines 812 2001 federal tax liability.	3 through 10					11	
	13 Standard deduction from 14 Add lines 12 and 13							
Staple	15 Oregon taxable income.16 Tax from tables, pages 217 EXEMPTION CREDIT. N	1 through 23			•			
W-2 wage slips	18 Earned income credit. Se 19 Working family child care	ee instructions	s, page 10	● 18	3			
here	20 Child and dependent car21 Other credits (see instruct22 Total credits. Add lines 1	ctions). Identify	у		• 2	1	22	
	23 Net income tax. Line 16 24 Oregon tax withheld from	minus line 22.	If line 22 is more tha	n line 16	6, fill in -0			
	25 REFUND. If line 24 is m 26 TAX-TO-PAY . If line 23	ore than line 2	23, you have a refund.	Line 24	minus line 23			
I wish to donate part of my tax refund to the	27 Oregon Nongame Wildlif28 Child Abuse Prevention29 Alzheimer's Disease Res30 Stop Domestic & Sexual31 AIDS/HIV Education and	search	\$1, \$5, \$ \$1, \$5, \$ \$1, \$5, \$ \$1, \$5, \$	10,	Other \$ • 23 Other \$ • 28 Other \$ • 33 Other \$ • 3	3	 	hese will reduce our refund
following fund(s)	32 Other charity. Enter cod 33 Total. Add lines 27 throu 34 NET REFUND. Line 25 r	igh 32. Total o	can't be more than you			NET REFUND	33	
DIRECT DEPOSIT	35 For direct deposit of you		•		d 12. ● T	ype of account:	Checking	Savings
	Routing No. for false swearing, I declare that I have To the best of my knowledge and belief			schedules	i autilorize the Depair			Yes □No
other than the ta	xpayer, this declaration is based on all i				Signature of preparer othe		his/her firm. License	
HERE Spouse	's signature (If filing jointly, BOTH must	sign)	Date		Address		Telepho	ne No.

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, if spouse claims standard deduction	1,500
Married filing separately, if spouse itemizes deductions	-0-
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. \$750.

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. Alberto and Anna are filing a joint return. Alberto is 70 years old and blind. Anna is 68. Their standard deduction is figured as follows:

Married filing jointly	\$3,000
Plus amount due to Alberto's age	1,000
Plus amount due to Anna's age	1,000
Plus amount due to Alberto's blindness	1,000
Total standard deduction	\$6,000

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

Make check or money order payable to **Oregon Department of Revenue.**Write your Social Security number and **"2001 Form 40S"** on your payment.

Mail tax-to-pay returns to:

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

Mail refund and no tax due returns to:

Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930