



Oregon Individual Income Tax Return

2001

Form 40

FULL-YEAR RESIDENTS ONLY

For office use only

Fiscal year ending

Date received

Last name		First name and initial		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		Spouse's SSN, if joint return - -		Spouse's birth year		1																									
Current mailing address				Telephone number ()				2																									
City		State	ZIP code		If you filed a return in 2000, and this address is different, check here <input type="checkbox"/>				3																								
Filing Status 1 <input type="checkbox"/> Single 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			Exemptions <table border="0"> <tr> <td></td> <td>Regular</td> <td>Severely disabled</td> <td>Total</td> </tr> <tr> <td>6a Yourself</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6a <input type="checkbox"/></td> </tr> <tr> <td>6b Spouse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b <input type="checkbox"/></td> </tr> <tr> <td>6c All dependents _____ (First names)</td> <td></td> <td></td> <td>c <input type="checkbox"/></td> </tr> <tr> <td>6d Disabled children only _____ (First names)</td> <td></td> <td></td> <td>d <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Total</td> <td>6e <input type="checkbox"/></td> </tr> </table>								Regular	Severely disabled	Total	6a Yourself	<input type="checkbox"/>	<input type="checkbox"/>	6a <input type="checkbox"/>	6b Spouse	<input type="checkbox"/>	<input type="checkbox"/>	b <input type="checkbox"/>	6c All dependents _____ (First names)			c <input type="checkbox"/>	6d Disabled children only _____ (First names)			d <input type="checkbox"/>			Total	6e <input type="checkbox"/>
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6d Disabled children only _____ (First names)			d <input type="checkbox"/>																														
		Total	6e <input type="checkbox"/>																														
7a Check if: You were: <input checked="" type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind			7b Check if you filed an extension <input type="checkbox"/>																														

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

8 Federal adjusted gross income. Federal Form 1040, line 33; 1040A, line 19; or 1040EZ, line 4. 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 2001 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 28 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)

NOW GO TO THE BACK OF THE FORM →

