_	yon /idual me Tax	2001	Form 40		For office use on	ly	
Retu	irn	FULL-YEAR RESIDENTS ONLY	Fiscal year end			<u>,</u>	
Last name		First name and initial	Social Security N	lo. (SSN) 	Birth year	For office use only	
Spouse's last n	ame if different and joint return	Spouse's first name and initial if joint n	eturn Spouse's SSN, if	joint return —	Spouse's birth year	1	
Current mailing	address		Telephone numbe	r		2	
City		State ZIP code		eturn in 2000, and erent, check here	this	3	
• Filing Status Check only one box	 Single Married filing jointly Married filing separately Married filing separately Head of household Qualifying widow(er) with detection 	(Spouse's name) (Spouse's Social Security number) (Person who qualifies you) ependent child	6a Yourself 6b Spouse 6c All dependents (6d Disabled	Regular First names)	Severely disabled	Total 6a b c d 6e	
	8 Federal adjusted gross in	Federal Form 1040, 1040A, or acome. Federal Form 1040, line 33; structions	1040A, line 19;				
	9 Interest on government h	onds of other states		9			
, a b b m o n o	10 Other additions. Identify						
		9 and 10			11		
		dd lines 8 and 11					
SUBTRACTION	IS 13 2001 federal tax liability (\$0 - \$3,000, see instructions for the	correct amount)	13			
	14 Social Security included of	on federal Form 1040, line 20b or F	orm 1040A, line14b	• 14			
e . 1	15 Oregon income tax refund	d included in federal income		• 15			
Staple W-2	16 Interest from U.S. govern	ment, such as Series EE and HH b	onds	• 16			
wage	17 Federal pension income (see instructions on page 26)	%	• 17			
slips	18 Other subtractions. Identi	fy		• 18			
here	19 Total subtractions. Add lir	nes 13 through 18			19		
	20 Income after subtractions	. Line 12 minus line 19			20		
	If an an all to the test				()		
DEDUCTIONS	· · · · ·	I deductions, fill in lines 21–25. If				oniy.	
		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					
			<u> </u>				
	•	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					
	-	uctions. Line 23 minus line 24		25	(Eithe	r line 25 or 26	
	OR 00. Oten dead deduction from			20			
		page 28					
		or line 26, whichever is larger					
	28 Uregon taxable income	. Line 20 minus line 27. If line 27 is more	e tnan line 20, fill in -0-		• 28	I	

The Tax Rate Charts and Tables are on pages 21 through 23

	29 Oregon taxable income from front	of form, line 28			29			
	÷	charts, pages 21 through 23ORE						
		s						
				•	32			
					····· •- L	I		
CREDITS	33 Exemption credit. Multiply your to	otal exemptions on line 6e by \$142		33)		
	4 Earned income credit. See instructions, page 29							
	35 Working family child care credit. S							
	36 Retirement income credit. See ins	tructions, page 31	● 36					
	37 Child and dependent care credit.	• 37		ADD TOGETHER				
	38 Credit for the elderly or the disable	● 38						
	39 Political contribution credit. See lin	● 39						
	40 Credit for income taxes paid to an	Credit for income taxes paid to another state. Name of state Attach proof • 40						
	41 Other credits. Identify	· · · · · · · · · · · · · · · · · · ·						
	42 Total credits. Add lines 33 through	2 Total credits. Add lines 33 through 41						
	43 Net income tax. Line 32 minus line	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,	-	income. Attach Form(s) W-2 and 1099				ADD TOGETHER		
PENALTY,		Include payments made with your extens		-		<u>J</u>		
AND INTEREST		45						
INTEREST		nan line 46, you overpaid. Line 46 minus line						
	48 TAX-TO-PAY. If line 43 is more than	line 46, you have tax-to-pay. Line 43 minus	s line 46		<u>-PAY • 48</u>			
	, , , , , , , , , , , , , , , , , , , ,	ying late. See instructions, page 33		•	_			
	50 Interest on estimated tax underpay	/ment. If Form 10 is attached, check —	•	• 50				
		d lines 49 and 50						
		s line 51 STOP HER						
	53 REFUND. Is line 47 more than line	e 51? If so, line 47 minus line 51		RE	FUND 53			
	54 ESTIMATED TAX. Fill in the part of	line 53 you want applied to 2002 estimated t	tax					
			•					
DONATIONS	55 Oregon Nongame Wildlife		ner \$	● 55	_	These will		
l wish to donate	56 Child Abuse Prevention		ner \$	_ ● 56		reduce		
part of my	57 Alzheimer's Disease Research		ner \$	• 57		your refund		
tax refund to the	58 Stop Domestic & Sexual Violence		ner \$	_ ● 58 ● 59				
following								
fund(s)	60 Other charity. Enter code		ner \$	● 60 <u> </u>				
	61 Total. Add lines 54 through 60. To	tal can't be more than your refund on li	ine 53					
	62 NET REFUND. Line 53 minus line	61. This is your net refund		NET RE	FUND 62			
					02			
DIRECT	63 For direct deposit of your refund,	see the instructions on pages 4 and 35		Type of account:		ng or 🗌 Savings		
DEPOSIT								
	Routing No.	Account No.						
	Important: Attac	h a Copy of Your Federal Form 1	040, 104	0A, or 1040EZ.				
	-		•	·				
	ies for false swearing, I declare that I have ex edules and statements. To the best of my kno		authorize	he Department of Rev	enue to discus	S		
1	e. If prepared by a person other than the taxpa	aver this declaration is based on all		ith this preparer or any	/ member of his	s 🛛 Yes 🗌 No		
	f which the preparer has any knowledge.		r her firm.					
Your si	gnature	Date Sigr	nature of pre	parer other than taxpayer		License No.		
SIGN X		Date X Address						
HERE Spous	e's signature (If filing jointly, BOTH must sign)					Telephone No.		
X								
		Mail tax to pay returns to:		Mail rofund roturn	e and no tox			
	eck or money order payable		il tax-to-pay returns to: Mail refund returns and no tax due r		uue returns to:			
	n Department of Revenue.	Oregon Department of Revenue		REFUND PO Box 14700				
	Ir Social Security number	PO Box 14555			-0030			
and "2001 Form 40" on your payment. Salem OR 97309-0940 Salem OR 97309-0930								