

# 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																								
<b>Filing Status</b> 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			<b>Exemptions</b> <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><b>Total</b></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"/>			<b>Total</b>	6e <input type="checkbox"/>
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		<b>Total</b>	6e <input type="checkbox"/>																														
<b>7a Check if:</b> 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			<b>7b Check if you filed an extension</b> <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** →

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		

<b>CREDITS</b>	33 Exemption credit. Multiply your total exemptions on line 6e by \$142	33			} <b>ADD TOGETHER</b>
	34 Earned income credit. See instructions, page 29	34			
	35 Working family child care credit. See instructions, page 29	35			
	36 Retirement income credit. See instructions, page 31	36			
	37 Child and dependent care credit. See instructions, page 31	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				

<b>TAX PAYMENTS, PENALTY, AND INTEREST</b>	44 Oregon income tax withheld from income. Attach Form(s) W-2 and 1099	44			} <b>ADD TOGETHER</b>
	45 Estimated tax payments for 2001. 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	47	OVERPAYMENT		
	48 TAX-TO-PAY. If line 43 is more than line 46, you have tax-to-pay. Line 43 minus line 46	48	TAX-TO-PAY		
	49 Penalty and interest for filing or paying late. See instructions, page 33	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 2002 estimated tax	54				

<b>DONATIONS</b> <i>I wish to donate part of my tax refund to the following fund(s)</i>	55 Oregon Nongame Wildlife	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$	55		} These will reduce your refund
	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				

**DIRECT DEPOSIT** 63 For direct deposit of your refund, see the instructions on pages 4 and 35. ● **Type of account:**  Checking or  Savings

● Routing No.           ● Account No.

**Important: Attach a Copy of Your Federal Form 1040, 1040A, or 1040EZ.**

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.		I authorize the Department of Revenue to discuss this return with this preparer or any member of his or her firm. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SIGN HERE</b>	Your signature	Date	Signature of preparer other than taxpayer
	X		X
	Spouse's signature (If filing jointly, BOTH must sign)	Date	Address
	X		Telephone No.

Make check or money order payable to <b>Oregon Department of Revenue</b> . Write your Social Security number and "2001 Form 40" on your payment.	<b>Mail tax-to-pay returns to:</b> Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	<b>Mail refund returns and no tax due returns to:</b> REFUND PO Box 14700 Salem OR 97309-0930
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