Orego Indivi Incor	on idual ne Tax	2001	Form 40N	Eor off			
				For office use only Date received			
Retui Oregon resid		ONRESIDENT	ar Fiscal year ending				
Last name		First name and initial	Social Security No. (S	SSN)	Birth year	For office use only	
Spouse's last nar	me if different and joint return	Spouse's first name and initial if join	it return Spouse's SSN, if joint	t return	Spouse's birth year	1	
Current mailing a	ddress	1	Telephone number ()			2	
City		State ZIP code	If you filed a retur address is differen	n in 2000, and this nt, check here		3	
• Filing Status 2 Check 3 only one box 4		(Spouse's name) (Spouse's Social Security number) (Person who qualifies you) lependent child	6d Disabled	lar disal		Total 6a b c d 6e	
7a Check if: Y S	You were: ● ☐ 65 or older Spouse was: ● ☐ 65 or older		ou filed an extension]			
				Federal column	Oreg	on column	
INCOME Staple W-2 and 1099 forms showing Oregon withholding here ADJUSTMENTS TO INCOME	 9 Taxable interest income 9 10 State and local income ta 11 Alimony received from fee 12 Business income or loss 13 Capital gain or loss from 14 Other gains or losses from 15 IRA distributions from fee 16 Pensions and annuities f 17 Rents, royalties, partners 18 Farm income or loss from 19 Unemployment and othe 20 Total income. Add lines 8 21 IRA or SEP and SIMPLE 22 Student loan interest ded 23 Archer MSA deduction from 	er pay for work. Staple all Forms 9aplus dividend in ax refunds from federal Form 104 deral Form 1040, line 11from federal Form 1040, line 13 federal Form 1040, line 13 m federal Form 1040, line 14 deral Form 1040, line 15b from federal Form 1040, line 16b ships, etc., from federal Form 1040 n federal Form 1040, line 18 er income from federal Form 1040 8 through 19 contributions, federal Form 1040, line duction from federal form 1040, line om federal Form 1040, line 25 deral Form 1040, line 26	ncome 9b 9 0, line 10 10 11 12 13 14 15 		• 20b		
ADDITIONS	 25 Deduction for self-employ 26 Self-employed health inst 27 Penalty on early withdraw 28 Alimony paid from federal 29 Total adjustments to inco 30 Income after adjustments 31 Interest on government b 32 Federal election on interes 33 Other additions. Identify 34 Total additions. Add lines 	deral Form 1040, line 26 yment tax from federal Form 1040 wal of savings from federal Form al Form 1040, line 31a bome. Add lines 21 through 28 s. Line 20 minus line 29 bonds of states other than Oregon est and dividends of a minor child s 31 through 33 add lines 30 and 34	0, line 27		• 30b		

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

Page 2 – Fo	orm	140N 2001		Federal column		Oregon column					
	36	Amount from front of form, line 35	36]						
SUBTRACTIONS		Social Security and tier 1 railroad retirement income included on line 19									
		Other subtractions. Identify		•38b	b						
	39	Income after subtractions. Line 36 minus lines 37 and 38		●39b							
	40	Oregon percentage. Line 39b ÷ line 39a (not more than 100%) 40									
DEDUCTIONS		Itemized deductions from federal Schedule A, line 28									
AND	42	State income tax claimed as itemized deduction. See instructions, page 17									
MODIFICATIONS	43	Net Oregon itemized deductions. Line 41 minus line 42	43		J	NOT BOTH					
	44	Standard deduction from page 17		}							
	45	2001 federal tax (\$0 - \$3,000, see instructions for the correct amount)									
	46	Other deductions and modifications. Identify		4							
	47	Add lines 44, 45, and 46 $$ or lines 43, 45, and 46. Fill $$ in the larger amount $$		-							
	48	Allowable deductions and modifications. Line 47 X line 40									
		Deductions and modifications NOT multiplied by the Oregon percentage. See page									
		Total deductions and other modifications. Add lines 48 and 49				0					
		Oregon taxable income. Line 39b minus line 50			. ●51	1					
OREGON TAX		Tax on amount shown on line 51. See page 18			- } <i>↓</i>	ADD TOGETHER					
		Interest on certain installment sales])						
		TOTAL TAX. Add lines 52 and 53			<u>54</u>	4					
CREDITS		Exemption credit. Line 6e X \$142 X Oregon percentage from line 40									
		Earned income credit. See instructions, page 19									
		Working family child care credit. See instructions, page 19				> ADD TOGETHER					
		Credit for income taxes paid to another state (AZ, CA, IN, VA). Attach proof Child and dependent care credit. See instructions, page 20									
					J						
		Other credits. Identify Total credits. Add lines 55 through 60			」~ 61						
		Net income tax. Line 54 minus line 61. If line 61 is more than line 54 fill in -0-									
ТАХ		Oregon income tax withheld from income. Attach Forms W-2 and 1099)						
PAYMENTS,		Estimated tax payments for 2001 and payments made with your extension			ADD TOGETHER						
PENALTY,		Total payments. Add lines 63 and 64			. 65	5					
AND INTEREST		Overpayment. Is line 62 less than line 65? If so, line 65 minus line 62				6					
		Tax-to-pay. Is line 62 more than line 65? If so, line 62 minus line 65									
		Penalty and interest for filing or paying late. See instructions on page 21			1]					
	69	Interest on estimated tax underpayment. If Form 10 is attached, check ->		[ADD TOGETHER						
	70	Total penalty and interest due. Add lines 68 and 69		70	0						
	71	Amount-you-owe. Add lines 67 and 70Stop he	OUNT-YOU-OWE	► 71	1						
	72	Refund. Is line 66 more than line 70? If so, line 66 minus line 70	FUND	72	2						
	73	Estimated tax. Fill in the part of line 72 you want applied to your 2002 estimated tax	• 73		•)						
DONATIONS	74	Oregon Nongame Wildlife \$1, \$5, \$10, Other \$	<u> </u> ● 74		ا ا						
I wish to	75	Child Abuse Prevention \$1, \$5, \$10, Other \$	k l	These will							
donate part of my		Alzheimer's Disease Research \$1, \$5, \$10, Other \$	<u> </u> ● 76		4 7	> reduce					
tax refund to the		Stop Domestic & Sexual Violence \$1, \$5, \$10, Other \$	• 77		▲	your refund					
following		AIDS/HIV Education and Services \$1, \$5, \$10, Other \$	● 78		▲						
fund(s)		Other charity. Enter code ● \$1, \$5, \$10, Other \$	• 79								
		Total. Add lines 73 through 79. Total can't be more than your refund on line 72 80									
	81	NET REFUND. Line 72 minus line 80. This is your net refund									
DIRECT	0.0	For direct depects of your refund, one the instructions on pages 2 and 22									
DEPOSIT	02	For direct deposit of your refund, see the instructions on pages 3 and 22.	●Тур	e of account:	heck	king or Savings					
	Rou	uting No.									
At	tac	h a Copy of Federal Form 1040, 1040A, or 1040EZ. Do Not A	ttach (Other Federal Sc	hed	ules.					
Inder penalties for false swearing. I declare that I have examined this return, including accom-											
panying schedules and statements. To the best of my knowledge and belief it is true, correct,											
	pared by a person other than the taxpayer, this declaration is based on all		preparer or any member of his Yes No								
information of which the preparer has any knowledge.				ther than taxpayer		License No.					
			,,								
SIGN X HERE Spouse's s	ignat	ure (If filing jointly, BOTH must sign) Date Address				Telephone No.					
X	-										