

Oregon Individual Income Tax Return

2001

FULL-YEAR RESIDENTS ONLY

Form 40S

SHORT FORM

For office use only

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 6a Yourself <input type="checkbox"/> Regular <input type="checkbox"/> Severely disabled 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6c Dependents _____ (First names) ● c 6d Disabled children only _____ (First names) ● d | | Total ● 6e <input type="checkbox"/> | |
|--|--|---|--|-------------------------------------|--|

| | | | | | |
|---|--|--|--|---|--|
| 7a Check if: You were: <input 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"/> | | 7c If someone else can claim you as a dependent, check here <input type="checkbox"/> | |
|---|--|--|--|---|--|

| | | | | | |
|---|--|------|--|-----------------|--|
| 8 Wages, salaries, tips, commissions, and other pay for work | | ● 8 | | | |
| 9 Interest: 9a _____ plus Dividends: 9b _____ | | ● 9 | | | |
| 10 Unemployment benefits. See instructions, page 10 | | ● 10 | | | |
| 11 Total income. Add lines 8 through 10 | | | | 11 | |
| 12 2001 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount) | | ● 12 | | | |
| 13 Standard deduction from the back of this form | | 13 | | | |
| 14 Add lines 12 and 13 | | | | 14 | |
| 15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0- | | ● | | ● 15 | |
| 16 Tax from tables, pages 21 through 23 | | ● | | ● 16 | |
| 17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$142 | | 17 | | | |
| 18 Earned income credit. See instructions, page 10 | | ● 18 | | | |
| 19 Working family child care credit. See instructions, page 10 | | ● 19 | | | |
| 20 Child and dependent care credit. See instructions, page 11 | | ● 20 | | | |
| 21 Other credits (see instructions). Identify _____ | | ● 21 | | | |
| 22 Total credits. Add lines 17 through 21 | | | | 22 | |
| 23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0- | | ● | | ● 23 | |
| 24 Oregon tax withheld from income. Attach your Form(s) W-2 and 1099 | | ● 24 | | | |
| 25 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23 | | ● | | REFUND ● 25 | |
| 26 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24 | | ● | | TAX-TO-PAY ● 26 | |
| DONATIONS 27 Oregon Nongame Wildlife <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 27 | | | | | |
| 28 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 28 | | | | | |
| 29 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 29 | | | | | |
| 30 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 30 | | | | | |
| 31 AIDS/HIV Education and Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 31 | | | | | |
| 32 Other charity. Enter code ● _____ <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____ ● 32 | | | | | |
| 33 Total. Add lines 27 through 32. Total can't be more than your refund on line 25 | | | | 33 | |
| 34 NET REFUND. Line 25 minus line 33. This is your net refund | | | | NET REFUND 34 | |

DIRECT DEPOSIT 35 For direct deposit of your refund, see the instructions on pages 4 and 12. ● Type of account: Checking Savings

● Routing No. _____ ● Account No. _____

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.

| | | | |
|---|--|---|--|
| Your signature _____ Date _____ | | Signature of preparer other than taxpayer _____ License No. _____ | |
| SIGN HERE X Spouse's signature (If filing jointly, BOTH must sign) _____ Date _____ | | X Address _____ Telephone 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 | <u>1,000</u> |
| Total standard deduction | <u>\$6,000</u> |

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