9       Taxable interest income: 9a plus dividend income: 9b 9       9	Oreg			For											
Return         NORESIDENT         Date received           Oregon resident:         M         Day         Vec         No         Day         Vec         Fiscal year ending           Last name         First name and initial         Social Security No. (SSN)         Birth year         For ending           Spoule's last name if different and joint return         Spoule's last name and initial if joint return         Eth year         1           Current mailing address         1         Spoule's last and the initial if joint return         3           • Filing status         2         Mamined filing separately initiant if joint return         Spoule's last last and return initial if joint return         Spoule's last last and return initial if joint return         Spoule's last last and return initial if joint return         Spoule's last last initiant return is the initiant initiant initiant return is the initiant initiant return is a disability if per names         Core           • Table is is and is a different and joint return         T				40	N 2			0	2						
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Current mailing address Curren								_		-		<b>D</b> 1.4			Unity
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Filing       1       Single		uuure							(	)				ľ	
Filing       1       Single	City			State	ZIP code			lf you f	lied a re	/ turn in 2007	1 and th	vie		3	
Filing       1       Single													æ	ľ	
<ul> <li>hing</li> <li>Status</li> <li>Married filing jointly</li> <li>Married filing separately</li> <li>(Spouse is name)</li> <li>(Spouse is social Security number)</li> <li>(Person who qualifies you)</li> <li>Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You were:</li> <li>(Stote is Social Security number)</li> <li>(Check if: You filed a Deferral</li> <li>(Check if: You were:</li> <li>(Stote is Stote is form form form 1040, line 12</li> <li>(Check if: You were:</li> <li>(Stote and local income: 9a</li></ul>		1 [	Single			En						•			
Check only one box       3       Married filing separately (Spouse's name)       6a       6a       6a         Check only one box       4       Head of household       (Spouse's aceas)       6c All dependents (First names)       6 c       6d         7a Check if: You were:       6 S or older       Blind Spouse was:       7b Check if you filed an extension       7c Check if you filed a Deternal of Sain, Form 8824       7d Check here to donate your kicker refund to the State       5 School Fund. See instructions.         NCOME       8 Wages, salaries, and other pay for work. Staple all Forms W-2 below       8 9       9       5 School Fund. See instructions.         10       State and local income tax refunds from federal Form 1040, line 10.       10       10       10         11       Alimony received from federal Form 1040, line 11.       11       11       11         12       Business income or loss from federal Form 1040, line 14.       14       14       14         13       14       Other gains or losses from federal Form 1040, line 18.       16       16       16         19       Taxable interest income from federal Form 1040, line 18.       16       16       16       16         14       Other gains or losses from federal Form 1040, line 18.       16       16       16       16       16       16       16<	· · ·	2 [	Married filing jointly			EX	emp	nons	Regula	r				Т	otal
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4       Head of household       (Person who qualifies you)       6d Children)with       6d			(5	Spouse's Socia	I Security number)	6c	All d	ependents	S	mes)			•		
5       Qualifying widow(er) with dependent child       a disability       (First names)       Total • 66         7a Check fir You were:       6 5 or older       Blind       7b       Check fir you filed       7c       Check fir you filed a Deferral of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       7d       Check here to donate your of Gain, Form 8824       Federal column       Oregon column         INCOME       8       Wages, salaries, and other pay for work. Staple all Form 1040, line 10       10       Federal column       Oregon column         1NCOME       8       Wages, salaries, and other pay for work. Staple all Form 1040, line 11       11       Federal column       Oregon column         11       Alimony received from federal Form 1040, line 13       13       14       Other gains or loss from federal Form 1040, line 14       15       16		4	Head of household	Person who qu	alifies you)	6d	Child	d(ren)with		1103)			•	d	
Part Check H. Fourwerz.       Go of outer       Billing       Discretion of Calification of Califica		5 [	Qualifying widow(er) with de	ependent chi	ld				(First na	mes)		т	otal •	6e	
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INCOME       8       Wages, sataries, and other pay for work. Staple all Forms W-2 below       8         9       Taxable interest income: 9a       plus dividend income: 9b       9         10       State and local income tax refunds from federal Form 1040, line 10       10         11       Alimony received from federal Form 1040, line 13       11         12       Business income or loss from federal Form 1040, line 13       12         13       Capital gain or loss from federal Form 1040, line 14       14         14       Other gains or losses from federal Form 1040, line 14       14         16       Pensions and annutites from federal Form 1040, line 16       16         17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17         18       Farm income or loss from federal Form 1040, line 18       18         0regon       18       Farm income or loss from federal Form 1040, lines 19 through 21       19         here       20       Total income. Add lines 8 through 19       20a       •20b         21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 24 and 31       21       21         23       Archer MSA deduction from federal Form 1040, lines 23, 25, and 26       22       22         23       Archer MSA deduction from federal Form 1040, line 23       2								,				ol Fun			
9       Taxable interest income: 9a plus dividend income: 9b 0       9										Federal co	lumn		Orego	on colu	Imn
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11       Alimony received from federal Form 1040, line 11       11       11         12       Business income or loss from federal Form 1040, line 12       12       12         13       Capital gain or loss from federal Form 1040, line 13       13       14       14         14       Other gains or losses from federal Form 1040, line 14       14       14       14         15       IRA distributions from federal Form 1040, line 15b       15       15       16         17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17       17       17         18       Farm income or loss from federal Form 1040, line 18       18       16       16         19       Unemployment and other income from federal Form 1040, lines 19 through 21       19       19         here       20       Total income. Add lines 8 through 19       20a       •20b         ADUSTMENTS       21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 24 and 31       21       21       22       24       <		9	Taxable interest income:	9a	plus dividend incom	e: 9b			_ 9_						<u> </u>
12       Business income or loss from federal Form 1040, line 12       12         13       Capital gain or loss from federal Form 1040, line 13       13         14       Other gains or losses from federal Form 1040, line 14       14         15       IRA distributions from federal Form 1040, line 15b       15         16       Pensions and annuities from federal Form 1040, line 16b       16         17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17         18       Farm income or loss from federal Form 1040, line 18       18         0regon       18       Farm income or loss from federal Form 1040, line 18       18         0regon       19       Unemployment and other income from federal Form 1040, lines 19 through 21       19         19       Ottot income. Add lines 8 through 19       200       •200         ADJUSTMENTS       21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 23, 25, and 26       22         23       Archer MSA deduction from federal Form 1040, line 27       23       24         24       Moving expenses from federal Form 1040, line 28       24       24         25       Deduction for self-employment tax from federal Form 1040, line 32       27       27         24       Almony paid from federal Form 1040, line 33       28		10	State and local income ta	x refunds fr	om federal Form 1040, li	ne 10	)		10						
13       Capital gain or loss from federal Form 1040, line 13       13       14       14       14         Staple W-2       15       IRA distributions from federal Form 1040, line 15b       15       16		11	Alimony received from fee	deral Form	1040, line 11				11						
14       Other gains or losses from federal Form 1040, line 14       14       14         Staple W-2 and 1099       15       IRA distributions from federal Form 1040, line 15b       15         of orms       17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17         Stowing       17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17         18       Farm income or loss from federal Form 1040, line 18       18       16         19       Unemployment and other income from federal Form 1040, lines 19 through 21       19       10         19       Unemployment and other income from federal Form 1040, lines 23, 25, and 26       20       200         ADJUSTMENTS       21       IRA or SEP and SIMPLE contributions, federal Form 1040, line 23, 25, and 26       22       22         23       Archer MSA deduction from federal Form 1040, line 23, 25, and 26       22       24       24         24       Moving expenses from federal Form 1040, line 28       24       24       24       24       24       26       24       24       26       26       27       27       26       26       27       27       28       28       24       24       26       26       27       26       26       27       27		12	Business income or loss f	from federa	I Form 1040, line 12				12			-			
Staple W-2 and 1099       15       IRA distributions from federal Form 1040, line 15b       15       16         forms showing Oregon       17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17       16         9       19       Unemployment and other income from federal Form 1040, line 18       18       100         9       Unemployment and other income from federal Form 1040, lines 19 through 21       19       10         here       20       Total income. Add lines 8 through 19       20a       •20b         21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 23, 25, and 26       22       22         23       Archer MSA deduction from federal Form 1040, line 28       24       24       24         22       Education deductions from federal Form 1040, line 28       24       24       24         24       Moving expenses from federal Form 1040, line 28       24       24       24       24       24       24       25       26       26       26       27       28       28       29       26       26       26       27       28       29       20       20       20       20       20       20       20       20       20       20       20       20       20       20		13	Capital gain or loss from f	federal Forr	n 1040, line 13				13		_	-			
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forms       17       Rents, royalties, partnerships, etc., from federal Form 1040, line 17       17       17       18         showing       18       Farm income or loss from federal Form 1040, line 18       18       18       18         withholding       19       Unemployment and other income from federal Form 1040, lines 19 through 21       19       20a       •20b         ADJUSTMENTS       21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 23, 25, and 26       22       22       22       22       22       22       22       24       25       26       26       27       27       27       27	and 1099	15	IRA distributions from fed		15			-							
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here       20       Total income. Add lines 8 through 19       20a       • 20b         ADJUSTMENTS TO INCOME       21       IRA or SEP and SIMPLE contributions, federal Form 1040, lines 23, 25, and 26       22       22       22       22       23         22       23       Archer MSA deduction from federal Form 1040, line 23, 25, and 26       22       23       24       24       24       24       24       24       24       24       25       26       26       26       26       26       26       26       26       27       26       26       26       26       26       26       27       26       26       27       27       26       27       28       27       28       29       28       29       29       26       29       29       20	-										_	-			
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TO INCOME       22       Education deductions from federal Form 1040, lines 23, 25, and 26       22       23         23       Archer MSA deduction from federal Form 1040, line 27       23       24         24       Moving expenses from federal Form 1040, line 28       24       24         25       Deduction for self-employment tax from federal Form 1040, line 29       25       26         26       Self-employed health insurance deduction from federal Form 1040, line 30       26       27         28       29       21       28       29         29       Total adjustments to income. Add lines 21 through 28       29       29       20         30       Income after adjustments. Line 20 minus line 29       30a       •30b       •30b         ADDITIONS       31       Interest on state and local government bonds outside of Oregon       31       32         32       Federal election on interest and dividends of a minor child       32       33       34         34       Total additions. Add lines 31 through 33       34a       •34b       •34b											_	●20b			
23       Archer MSA deduction from federal Form 1040, line 27       23       24         24       Moving expenses from federal Form 1040, line 28       24       24         25       Deduction for self-employment tax from federal Form 1040, line 29       25       26         26       Self-employed health insurance deduction from federal Form 1040, line 30       26       26         27       Penalty on early withdrawal of savings from federal Form 1040, line 32       27       27         28       Alimony paid from federal Form 1040, line 33a       28       28         29       Total adjustments to income. Add lines 21 through 28       29       30a       •30b         30       Income after adjustments. Line 20 minus line 29       30a       •30b       24         31       Interest on state and local government bonds outside of Oregon       31       31       32         32       Federal election on interest and dividends of a minor child       32       33       34         34       Total additions. Add lines 31 through 33       34a       •34b       •34b											_	-			+
24       Moving expenses from federal Form 1040, line 28       24       24       24         25       Deduction for self-employment tax from federal Form 1040, line 29       25       26         26       Self-employed health insurance deduction from federal Form 1040, line 30       26       27         27       Penalty on early withdrawal of savings from federal Form 1040, line 32       27       27         28       29       29       29       29         30       Income after adjustments to income. Add lines 21 through 28       29       29       30a         31       Interest on state and local government bonds outside of Oregon       31       31       32         32       Federal election on interest and dividends of a minor child       32       33       34         33       34       Total additions. Add lines 31 through 33       34a       •34b       •34b												1			+
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26       Self-employed health insurance deduction from federal Form 1040, line 30       26			•							1			-		
27       Penalty on early withdrawal of savings from federal Form 1040, line 32       27       27         28       Alimony paid from federal Form 1040, line 33a       28       28         29       Total adjustments to income. Add lines 21 through 28       29       30a         30       Income after adjustments. Line 20 minus line 29       30a       •30b         ADDITIONS       31       Interest on state and local government bonds outside of Oregon       31         32       Federal election on interest and dividends of a minor child       32       33         33       Other additions. Identify       33										1			-		
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ADDITIONS       31       Interest on state and local government bonds outside of Oregon       931         32       Federal election on interest and dividends of a minor child       932         33       Other additions. Identify       933         34       Total additions. Add lines 31 through 33       34a										•30b					
32       Federal election on interest and dividends of a minor child       • 32       • 33         33       Other additions. Identify       • 33       • 33         34       Total additions. Add lines 31 through 33       34a       • 34b	ADDITIONS														
33 Other additions. Identify    • 33      34 Total additions. Add lines 31 through 33    • 34a															
34 Total additions. Add lines 31 through 33 34a •34a															
		34	Total additions. Add lines				. 34a			•34b					
												•35b			

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 — 20	)02	Form 40N	Federal column	Oregon column						
	36	Amount from front of form, line 35								
SUBTRACTIONS	37	Social Security and tier 1 railroad retirement income included on line 19								
		Other subtractions. Identify • 38a		•38b						
	39	Income after subtractions. Line 36 minus lines 37 and 38	1 1 1	•39b						
	40	Oregon percentage. Line 39b ÷ line 39a (not more than 100%) 40								
DEDUCTIONS	41	Itemized deductions from federal Schedule A, line 28		)						
		State income tax claimed as itemized deduction. See instructions, page 23 • 42								
NODIFICATIONS		Net Oregon itemized deductions. Line 41 minus line 42		EITHER, NOT BOTH						
		Standard deduction from page 23 44								
		15 2002 federal tax (\$0–\$3,250; see instructions for the correct amount)								
		Other deductions and modifications. Identify								
		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								
	49	Deductions and modifications NOT multiplied by the Oregon percentage. See page 25 • 49								
	-	Total deductions and other modifications. Add lines 48 and 49		50						
		Oregon taxable income. Line 39b minus line 50		• 51						
OREGON		Tax from tax rate charts (see instructions, page 25)		EITHER,						
ТАХ		Or, check if from: Form FIA-40N or Worksheet FCG and enter tax here		NOT BOTH						
		Interest on certain installment sales		)						
		Total tax. Add lines 52 and 54 <b>OR</b> add lines 53 and 54		≻ 55						
CREDITS		Exemption credit. Line 6e × \$145 × Oregon percentage from line 40	1 1 1	)						
		Earned income credit. See instructions, page 26	1 1 1							
		Working family child care credit. See instructions, page 26								
		Credit for income taxes paid to another state (AZ, CA, IN, VA). Attach proof		> ADD TOGETHER						
		Child and dependent care credit. See instructions, page 26								
		Other credits. Identify • 61		J						
		Total credits. Add lines 56 through 61		. 62						
		Net income tax. Line 55 minus line 62. If line 62 is more than line 55, fill in -0		• 63						
ТАХ		Oregon income tax withheld from income. Attach Forms W-2 and 1099		)						
PAYMENTS,		Estimated tax payments for 2002 and payments made with your extension	1 1 1	ADD TOGETHER						
PENALTY, AND		Total payments. Add lines 64 and 65		. 66						
NTEREST		Overpayment. Is line 63 less than line 66? If so, line 66 minus line 63								
		Tax to pay. Is line 63 more than line 66? If so, line 63 minus line 66								
		Penalty and interest for filing or paying late. See instructions, page 27	1 1 1	)						
	70	Interest on estimated tax underpayment. Attach Form 10 and check here in [] • 70		ADD TOGETHER						
	-			71						
		Total penalty and interest due. Add lines 69 and 70 Amount you owe. Line 68 plus line 71								
		Refund. Is line 67 more than line 71? If so, line 67 minus line 71								
		Estimated tax. Fill in the part of line 73 you want applied to 2003 estimated tax • 74		<b>)</b>						
CHARITABLE										
CHECKOFFS		Oregon Nongame Wildlife         \$1         \$5         \$10         Other \$         75           Child Abuse Provention         \$1         \$5         \$10         Other \$         75								
l wish to donate		Child Abuse Prevention         \$1         \$5         \$10         Other \$         76           Alabeirania Disease Descention         54         54         54         77		These will						
part of my		7 Alzheimer's Disease Research \$1 \$5 \$10 Other \$ 77 reduce your refund								
tax refund to the	78	Stop Domestic & Sexual Violence\$1\$5\$10Other \$\$78		, , , , , , , , , , , , , , , , , , ,						
following		AIDS/HIV Education and Services								
fund(s)		Other charity. Enter code •\$1 \$\$5 \$\$10 Other \$ • 80								
		Total. Add lines 74 through 80. Total can't be more than your refund on line 73								
	82	NET REFUND. Line 73 minus line 81. This is your net refund	NET REFUND $\rightarrow$	82						
DIRECT	83	For direct deposit of your refund, see the instructions on page 28.		hecking <b>or</b> Savings						
EPOSIT	05									
	• R	outing No.								
Attach a co	ру	of your federal Form 1040, 1040A, 1040EZ, 1040NR, or TeleFile Tax Record	d. Do not attach othe	er federal schedules.						
Under penalties for	or fals	e swearing, I declare that I have examined this return, including accompanying schedules and stateme and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration	nts. To the I <b>authorize</b> the	e Department of Revenue						
on all information of	ofwh	ich the preparer has any knowledge.	this preparer.	∐Yes ∐No						
Your signa	ature	Date Signature of preparer	other than taxpayer	License No.						
SIGN X		X								
HERE Spouse's s	signa	ture (if filing jointly, BOTH must sign) Date Address		Telephone No.						
x										