## Oregon Form Individual





Inco	m	e Tax	+U		4					ı			
								For office use only					
Retu	rn	PART	YEAR R	ESIDENT				Date rece	eived				
Oregon resid		Mo Day Y	′ear <b>To</b>	Mo Day Year		Fiscal year	ar ending						
Last name		,	First name and initial		·	Social Security No. (S		SSN) Birth year		/ear	For o	office	
						-			-			use 6	only
Spouse's last name if different and joint return Spouse's first name and initial			rst name and initial if joint re	eturn Spouse's SSN, if joint return			return	Birth year			1		
					-								
Current mailing	addre	ess					Telepho	ne number )				2	
City			State	ZIP code		1 -	ou filed a r		-			3	
Filing	1 [	Single	1		Fv	emptions			Sev	• verely			
<ul><li>Filing</li><li>Status</li></ul>	2 [	Married filing jointly				Regula		ar	disa	abled		To	otal
Check only <b>one</b> box	3 [	Married filing separately _	Spouse's name)		6a Yourself		┥				6a		
						6b Spouse						b	-
			Spouse's Socia	I Security number)	6c	All depend	lents (First n	ames)			•	C	
	4 L	☐ Head of household ☐(F	Person who qualifies you)		6d Child(ren) with					•	d	=	
	5	Qualifying widow(er) with de	ependent chi	ld		a disabili	ty (First n	ames)		Т	otal •	6e	
7a Check if:	Vou	were: 65 or older	Blind 7	b Check if you filed	70	Chack if	you filed a	Deferral	7d Chec				
		use was: 65 or older		an extension			Form 8824				d to the		•
										ol Fund	d. See ir	nstructio	ns.
								Federal	column		Oreg	on colu	mn
INCOME	8	Wages, salaries, and other	er pay for w	ork. Staple all Forms W-	2 be	low	8			]			
	9	Taxable interest income: 9	9a	plus dividend income	e: 9b		9			]			
	10	State and local income tax refunds from federal Form 1040, line 10 10								]			
	11	Alimony received from federal Form 1040, line 11 11								4			
	12	2 Business income or loss from federal Form 1040, line 12 12								4			
	13	Capital gain or loss from federal Form 1040, line 13								4			
	14	4 Other gains or losses from federal Form 1040, line 14								4			
Staple W-2 and 1099 forms showing Oregon withholding here	15	IRA distributions from federal Form 1040, line 15b								4			
	16	Pensions <b>and</b> annuities from federal Form 1040, line 16b								4			
	17	Rents, royalties, partnerships, etc., from federal Form 1040, line 17 1								4			
		Farm income or loss from federal Form 1040, line 18								-			-
		Unemployment <b>and</b> other income from federal Form 1040, line								-			-
		Total income. Add lines 8 through 19					20a			●20b			
ADJUSTMENTS TO INCOME		IRA or SEP and SIMPLE contributions, federal Form 1040, line								-			-
		Education deductions from federal Form 1040, lines 23, 25, and 26								-		$\overline{}$	_
		Archer MSA deduction from federal Form 1040, line 27								1 1			_
		Moving expenses from fe						1					
	25	' '						1 }			-		
	26									1 }			-
	27	, ,								1			
	28									1			
	29 30	,								●30b			
ADDITIONS								- 300			<u> </u>		
		Interest on state and local government bonds outside of Oregon								† †			
		3 Other additions. Identify • 33								† †			
		4 Total additions. Add lines 31 through 33								●34b			
								●35b					
	50	5 Income after additions. Add lines 30 <b>and</b> 34								200[			

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	002	Form 40P	Federal column		Oregon colu	mn				
	36	Amount from front of form, line 35								
SUBTRACTIONS		Social Security and tier 1 railroad retirement income included on line 19 • 37								
		Other subtractions. Identify • 38a		●38b						
		Income after subtractions. Line 36 minus lines 37 and 38		●39b						
		Oregon percentage. Line 39b ÷ line 39a (not more than 100%) 40								
		Amount from line 39a (federal amount)		<u>→</u> 41						
DEDUCTIONS		Itemized deductions from federal Schedule A, line 28 ● 42								
AND MODIFICATIONS	43	State income tax claimed as itemized deduction. See instructions, page 30 • 43		}						
MODIFICATIONS		Net Oregon itemized deductions. Line 42 minus line 43		ļ J	EITHER,   NOT BOTH					
		Standard deduction from page 3045		_}}	NOTBOTH					
	46	2002 federal tax (\$0–\$3,250; see instructions for the correct amount)● 46								
	47	Other deductions and modifications. Identify • 47								
	48	8 Add lines 45, 46, and 47 <b>or</b> lines 44, 46, and 47. Fill in the larger amount								
	49	Taxable income. Line 41 minus line 48		● 49						
OREGON	50	Tax on amount shown on line 49. See page 31 50								
TAX	51	Oregon income tax. Line 50 <b>X Oregon percentage</b> from line 40● 51		_						
	52	Or, check if from: ☐ Form FIA-40P or ☐ Worksheet FCG and enter tax here • 52		]	ЮТ ВОТН					
		Interest on certain installment sales • 53								
		Total tax. Add lines 51 and 53 OR add lines 52 and 53	OREGON TAX	<u>&lt;→ 54</u>						
CREDITS	55	Exemption credit. Line 6e X \$145 X Oregon percentage from line 40 55		$\dashv$						
	56	Earned income credit. See instructions, page 32 ● 56		⊢ ( ا	<b>⊣</b> )					
		Working family child care credit. See instructions, page 32 ● 57		$\dashv$ $\blacksquare$						
		Retirement income credit. See instructions, page 33 • 58		$\dashv >$	ADD TOGETHER					
		Child and dependent care credit. See instructions, page 33 • 59								
		Credit for income taxes paid to another state. State: Attach proof ● 60		-	<b>-   </b>					
		Other credits. Identify		/						
		Total credits. Add lines 55 through 61								
TAV		Net income tax. Line 54 minus line 62. If line 62 is more than line 54, fill in -0•	·····	● 63						
TAX PAYMENTS,		Oregon income tax withheld from income. <b>Attach Forms W-2 and 1099</b> 64		<b></b> } A[	DD TOGETHER					
PENALTY,		Estimated tax payments for 2002 and payments made with your extension 65		<u>ا</u> ر						
AND INTEREST		Total payments. Add lines 64 and 65  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 36	IAX 10 I A I	I )						
	70	Interest on estimated tax underpayment. Attach Form 10 and check here		- AI	DD TOGETHER					
	_	Total penalty and interest due. Add lines 69 and 70	I	— <b>≜</b> ∫ 71						
		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 <b>2003</b> estimated tax ● 74		7,~						
CHARITABLE		Oregon Nongame Wildlife		<b>-</b>						
CHECKOFFS		Child Abuse Prevention		<b>T</b>	Those will					
I wish to donate		Alzheimer's Disease Research \$1 \$5 \$10 Other \$ • 77		7 >	These will reduce					
part of my tax refund		8 Stop Domestic & Sexual Violence \$1 \$5 \$10 Other \$ • 78								
to the		9 AIDS/HIV Education and Services □ \$1 □ \$5 □ \$10 □ Other \$ • 79								
following fund(s)		Other charity. <b>Enter code</b> • \$1 \$5 \$10 Other \$ • 80								
		Total. Add lines 74 through 80. Total can't be more than your refund on line 73		81						
	82	NET REFUND. Line 73 minus line 81. This is your net refund	NET REFUND	→ 82						
DIRECT	83	For direct deposit of your refund, see the instructions on page 37. • Type	e of Account:	] Check	ing <b>or</b> 🗌 Sav	rings				
DEPOSIT						-				
	• R	outing No • Account No								
Attach a co	ру	of your federal Form 1040, 1040A, 1040EZ, 1040NR, or TeleFile Tax Record	. Do not attach o	ther fe	deral schedule	es.				
Under penalties for	r fals	e swearing, I declare that I have examined this return, including accompanying schedules and statemen	ts. To the   I authorize	the Depa	artment of Revenue					
best of my knowle	dge a	and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration ich the preparer has any knowledge.	to discuss this prepar	this return		_				
Your signa		Date Signature of preparer of			License No.					
SIGN X		X								
	signa	ture (if filing jointly, BOTH must sign)  Date  Address			Telephone No.					
x										