

Oregon Individual Income Tax Return

2003

FULL-YEAR RESIDENTS ONLY

Form 40

W

For office use only	
Date received	
Fiscal year ending	

Last name		First name and initial		Social Security No. (SSN)		Birth year		For office use only																									
Spouse's last name if joint return		Spouse's first name and initial if joint return		Spouse's SSN, if joint return		Birth year		1																									
Current mailing address						Telephone number		2																									
City		State		ZIP code		If you filed a return last year, 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 <table border="1"> <thead> <tr> <th></th> <th>Regular</th> <th>Severely disabled</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>6a Yourself</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>6a <input type="text"/></td> </tr> <tr> <td>6b Spouse</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>b <input type="text"/></td> </tr> <tr> <td>6c All dependents (First names)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>c <input type="text"/></td> </tr> <tr> <td>6d Child(ren) with a disability (First names)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>d <input type="text"/></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td>6e <input type="text"/></td> </tr> </tbody> </table>							Regular	Severely disabled	Total	6a Yourself	<input type="text"/>	<input type="text"/>	6a <input type="text"/>	6b Spouse	<input type="text"/>	<input type="text"/>	b <input type="text"/>	6c All dependents (First names)	<input type="text"/>	<input type="text"/>	c <input type="text"/>	6d Child(ren) with a disability (First names)	<input type="text"/>	<input type="text"/>	d <input type="text"/>	Total			6e <input type="text"/>
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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 Check if you filed an Oregon Form 24 <input type="checkbox"/>																												

Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or TeleFile Tax Record. Do not attach federal schedules.

8 Federal adjusted gross income. Federal Form 1040, line 34; 1040A, line 21; 1040EZ, line 4; 1040NR, line 33; or TeleFile Tax Record, line I. See instructions 8 .00

ADDITIONS	9 Interest on state and local government bonds outside of Oregon 9 <input type="text"/> .00
	10 Other additions. Identify _____ • 10 <input type="text"/> .00
	11 Total additions. Add lines 9 and 10 11 <input type="text"/> .00
	12 Income after additions. Add lines 8 and 11 12 <input type="text"/> .00

SUBTRACTIONS Staple W-2 wage slips here	13 2003 federal tax liability (\$0-\$3,500; see instructions for the correct amount) • 13 <input type="text"/> .00
	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b ... • 14 <input type="text"/> .00
	15 Oregon income tax refund included in federal income • 15 <input type="text"/> .00
	16 Interest from U.S. government, such as Series EE and HH bonds • 16 <input type="text"/> .00
	17 Federal pension income (see instructions on page 28) _____ % • 17 <input type="text"/> .00
	18 Other subtractions. Identify _____ • 18 <input type="text"/> .00
	19 Total subtractions. Add lines 13 through 18 19 <input type="text"/> .00
	20 Income after subtractions. Line 12 minus line 19 20 <input type="text"/> .00

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 <input type="text"/> .00	22	Special Oregon medical deduction (age restricted, see instructions, page 30) • 22 <input type="text"/> .00
23	Total Oregon itemized deductions. Add lines 21 and 22 23 <input type="text"/> .00	24	State income tax claimed as an itemized deduction from Schedule A, line 5 • 24 <input type="text"/> .00
25	Net Oregon itemized deductions. Line 23 minus line 24 25 <input type="text"/> .00	} Either line 25 or 26	
26	Standard deduction from page 31 • 26 <input type="text"/> .00		
27	Total deductions. Line 25 or line 26, whichever is larger 27 <input type="text"/> .00	28	Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0- • 28 <input type="text"/> .00

29	Oregon taxable income from front of form, line 28	29		.00
30	Tax. See page 23 for tax tables or charts and enter tax here	• 30		.00
OR				
31	Check if tax is from: <input type="checkbox"/> Form FIA-40 or <input type="checkbox"/> Worksheet FCG and enter tax here	• 31		.00
32	Interest on certain installment sales	• 32		.00
33	Total tax. Add lines 30 and 32 OR add lines 31 and 32	OREGON TAX 33		.00

EITHER,
NOT BOTH

CREDITS	34	Exemption credit. Multiply your total exemptions on line 6e by \$147	• 34		.00
	35	Earned income credit. See instructions, page 32	• 35		.00
	36	Retirement income credit. See instructions, page 32	• 36		.00
	37	Child and dependent care credit. See instructions, page 33	• 37		.00
	38	Credit for the elderly or the disabled. See instructions, page 33	• 38		.00
	39	Political contribution credit. See limits, page 33	• 39		.00
	40	Credit for income taxes paid to another state. State: _____ Attach proof	• 40		.00
41	Other credits. Identify _____	• 41		.00	
42	Total credits. Add lines 34 through 41	42		.00	
43	Tax after credits. Line 33 minus line 42. If line 42 is more than line 33, fill in -0-	• 43		.00	

ADD TOGETHER

SURCHARGE	44	Surcharge. See instructions, page 35	• 44		.00
	45	Net income tax. Add lines 43 and 44	• 45		.00

TAX PAYMENTS, PENALTY, AND INTEREST	46	Oregon income tax withheld. Attach Form(s) W-2 and 1099	• 46		.00
	47	Estimated tax payments for 2003. Include payments made with your extension	• 47		.00
	48	Working family child care credit. Attach Schedule WFC , see page 21	• 48		.00
	49	Total payments. Add lines 46, 47, and 48	49		.00
	50	Overpayment. If line 45 is less than line 49, you overpaid. Line 49 minus line 45 ...	• OVERPAYMENT → • 50		.00
	51	Tax to pay. If line 45 is more than line 49, you have tax to pay. Line 45 minus line 49 ...	• TAX TO PAY → • 51		.00
	52	Penalty and interest for filing or paying late. See instructions, page 36	52		.00
53	Interest on estimated tax underpayment. Attach Form 10 and check here <input type="checkbox"/>	• 53		.00	
54	Total penalty and interest due. Add lines 52 and 53	54		.00	
55	Amount you owe. Line 51 plus line 54	AMOUNT YOU OWE → 55		.00	
56	Refund. Is line 50 more than line 54? If so, line 50 minus line 54	REFUND → 56		.00	
57	Estimated tax. Fill in the part of line 56 you want applied to 2004 estimated tax	• 57		.00	

ADD TOGETHER

CHARITABLE CHECKOFFS <i>I wish to donate part of my tax refund to the following fund(s)</i>	58	Oregon Nongame Wildlife	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 58		.00
	59	Child Abuse Prevention	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 59		.00
	60	Alzheimer's Disease Research	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 60		.00
	61	Stop Domestic & Sexual Violence ..	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 61		.00
	62	AIDS/HIV Education and Services ..	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 62		.00
	63	Other charity. Enter code • _____	<input type="checkbox"/> \$1 ... <input type="checkbox"/> \$5 ... <input type="checkbox"/> \$10 ... <input type="checkbox"/> Other \$	• 63		.00
	64	Total. Add lines 57 through 63. Total can't be more than your refund on line 56	64		.00	
65	NET REFUND. Line 56 minus line 64. This is your net refund	NET REFUND → 65		.00		

These will reduce your refund

DIRECT DEPOSIT	66	For direct deposit of your refund, see the instructions on page 38.	• Type of Account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
	• Routing No.	<input type="text"/>	• Account No. <input type="text"/>

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.		<input type="checkbox"/> I authorize the Department of Revenue to discuss this return with this preparer.	
SIGN HERE	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.

Important: Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or TeleFile Tax Record.

Make check or money order payable to: Oregon Department of Revenue. Write your Social Security number and "2003 Form 40" on your payment. Attach your payment to Form RPC —the payment coupon on page 37.	
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