Oregon Individual Income Tax Return	FUL	DO3	Form 40 Fiscal year ending	Date received	For office use only				
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 fi	rst name and initial if joint re	eturn Spouse's SSN, if join	t return —	Birth year	1			
Current mailing address				one number)		2			
City	State	ZIP code		return last year, a ifferent, check her		3			
Filing 1 Single Status 2 Married filing jointly 3 Married filing separate box 4 Head of household 5 Qualifying widow(er)	(Spouse's nar (Spouse's Soc (Person who c	ial Security number) Jualifies you)	6d Child(ren) with		•	Total 6a b c d 6e			
7a Check if: You were: 65 or ol Spouse was: 65 or ol		7b Check if you filed an extension	7c Check if you filed Oregon Form 24.						

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	.00	
	10	Other additions. Identify • 10	.00	
	11		11	.00
	12	Income after additions. Add lines 8 and 11		.00
SUBTRACTIONS	13	2003 federal tax liability (\$0-\$3,500; see instructions for the correct amount) • 13	.00	
Stanla	14	Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b • 14	.00	
	15	Oregon income tax refund included in federal income	.00	
Staple W-2	16	Interest from U.S. government, such as Series EE and HH bonds • 16	.00	
wage	17	Federal pension income (see instructions on page 28)%%	.00	
slips	18	Other subtractions. Identify • 18	.00	
here	19	Total subtractions. Add lines 13 through 18		.00
	20	Income after subtractions. Line 12 minus line 19		.00
DEDUCTIONS	lf y	ou are claiming itemized deductions, fill in lines 21–25. If you are claiming the standard ded	luction, fill in line 26 o	nly.
	21	Itemized deductions from Schedule A, line 28	.00	
	22	Special Oregon medical deduction (age restricted, see instructions, page 30) • 22	.00	
	23	Total Oregon itemized deductions. Add lines 21 and 22 23	.00	
	24	State income tax claimed as an itemized deduction from Schedule A, line 5 • 24	.00	
	25	Net Oregon itemized deductions. Line 23 minus line 24 25	.00)
		OR		Either line 25 or 26
	26	Standard deduction from page 31	.00	J
	27	Total deductions. Line 25 or line 26, whichever is larger	27	.00
	28	Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0 •	• 28	.00

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	29	Oregon taxable income from front of form, line 28				29	<u></u>		.00
	30	Tax. See page 23 for tax tables or charts and enter tax here	• 30			.00		UED	
		OR					7	'HER, ' Both	
	31	Check if tax is from: Form FIA-40 or Worksheet FCG and enter tax here	• 31			.00		DOI	
	32	Interest on certain installment sales	.00			_			
	33	Total tax. Add lines 30 and 32 OR add lines 31 and 32		OF	REGON T/	AX 33			.00
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					.00			
	37					.00			GETHER
	38					.00		טו ענ	GEINER
	39					.00			
	40					.00			
	41		• 41			.00	J		
	42		-			-			.00
		Tax after credits. Line 33 minus line 42. If line 42 is more than line 33, fill in -0							.00
SURCHARGE		Surcharge. See instructions, page 35				.00			.00
CONCINANCE		Net income tax. Add lines 43 and 44							.00
ТАХ						. • 45	<u> </u>		.00
PAYMENTS,		Oregon income tax withheld. Attach Form(s) W-2 and 1099				.00			ETHER
PENALTY,		Estimated tax payments for 2003. Include payments made with your extension				.00		1001	
AND INTEREST	48	5 7 7 6)		00
INTEREO!	49								.00
	50					E E			.00
	51				$O PAY \rightarrow$.00
	52					.00			
	53					.00			
	54								.00
	55					Г			.00
	56	Refund. Is line 50 more than line 54? If so, line 50 minus line 54		. <u></u>	REFUND				.00
	57	Estimated tax. Fill in the part of line 56 you want applied to 2004 estimated tax	. • 57			.00			
CHARITABLE CHECKOFFS	58	Oregon Nongame Wildlife □ \$1 … □ \$5 … □ \$10 … □ Other \$	• 58			.00	₊	heee	
I wish to		Child Abuse Prevention \$1 \$5 \$10 Other \$	• 59			.00		hese reduc	
donate		Alzheimer's Disease Research 🔄 \$1 🗌 \$5 🗌 \$10 🗋 Other \$	• 60			.00		our ref	
part of my tax refund	61	Stop Domestic & Sexual Violence \$1 \$5 \$10 Other \$	• 61			.00			
to the following	62	AIDS/HIV Education and Services \$1 \$5 \$10 Other \$	• 62			.00			
fund(s)	63	Other charity. Enter code • 🗋 \$1 🗍 \$5 🗍 \$10 🗍 Other \$	• 63			.00	<u> </u>		
	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
DIRECT	66	• For direct deposit of your refund, see the instructions on page 38.	Туре	of Acc	ount:	Check	ing o r	r 🗆 s	Savings
DEPOSIT									1 1
	• R	Routing No.							
Under penalti		r false swearing, I declare that I have examined this return, including accompanying s	ched	ules and		uthoriz	ze the [Depart	ment of
statements. T	o the	e best of my knowledge and belief it is true, correct, and complete. If prepared by a	pers						s return
		this declaration is based on all information of which the preparer has any knowledge				th this p	orepare		
Your sig	nature	Date Signature of prepa	arer oth	her than t	axpayer		License	e No.	
SIGN X		Х Х							
HERE Spouse's	s signa	ature (if filing jointly, BOTH must sign) Date Address					Telepho	one No.	
X									
Loo a sut su			40		T -	le Elle	Tau	Dec	a nal
Importa	nt: /	Attach a copy of your federal Form 1040, 1040A, 1040EZ,	104	IONR	, or le	leFile) lax	Red	cord.
		eck or money order payable to: Oregon Department of Revenue. Wr							
	"200	33 Form 40 " on your payment. Attach your payment to Form RPC—th	ne pa	aymen	t coupor	n on pa	age 37	7.	
	v т е	Oregon Department of Revenue	4	I	REF	UND			
Mail TAX-T		-PAY PO Box 14555 Mail REFUND retu			PO I	Box 1	4700		
	າຍເປ	Ins to Salem OR 97309-0940	elur	115 10	Sale	m OF	R 9730	09-09	930
150-101-040 (Rev	r. 12-0	3) Web							

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