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Form				R	REGON				00	4		For office use only					
1	N			Indiv					eturn	2	004						
7	U							ENTS O		SI	HORT FORM	1		2		3	
Last na	me					First	name an	d initial			Social Security I	No. (SSN)			Date of b	oirth <i>(mm/c</i>	dd/yyyy)
Spouse	's last	name	if joint retu	urn		Spo	use's first	name and	initial if joint re	turn	Spouse's SSN, i	f joint retu	ırn		Date of b	oirth (mm/c	dd/yyyy)
Current	mailin	g ado	ress									Teleph	one numl	ber			
		-										()				
City							State	ZIP code)	Country					-	and your	1 11
• Filing	1 1	☐ Si	nale							Exemp	tions				•		Total
Statu		1 ☐ Single 2 ☐ Married filing jointly								6a YourselfRegular Severely disabled							
Check	 3 [3 Married filing Spouse's name								6b Spouse Begular Severely disabled b							
only one		separately Spouse's name							1	6c All dependents First names e c							
box	4	Пн	Head of household Person who qualifies you								6d Child(ren) First names d d						
		Head of nousehold Person who qualifies you								with a disability Total • 6e							
<u> </u>			yg	-	,				- Dv		T=						
Check all tha apply -	ıt	Yo	u were: [se was: [You ed an atension	7c You Schedi		7d Someo can claim a depend	you as		 you war	nt to don	icker refu l ate your ate Schoo	r
		8	Wages (enter in	box 8a)	+ unen	nploymer	nt (enter in	box 8b) + in	terest and	d dividends (en	ter in box	8c)	Ro	und to th	ne neare:	st dollar
			•8a			00 +			.00 + •80			TOTAL I		→ •	8		.00
		9	2004 fed	deral ta	x liability	 (\$0–\$4	I,000; se	e instruct	ions for the c	orrect am	ount)	9		.00)		
		10	Standard	d dedu	ction fron	n the ba	ack of th	is form			•	10		.00)		
		11	Add lines	s 9 and	l 10									1	1		.00
		12	Oregon	taxable	income.	Line 8	minus lin	e 11. If line	e 11 is more t	han line 8,	fill in -0			• 1	2		.00
		13	Tax. See	pages	21 throu	ıgh 23	for tax ta	ıbles or ch	narts and ent	er tax her	·e			• 1	3		.00
						-					•			.00			
Staple W-2s.											•			.00)		
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and	,										•			.00)		
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here	iei	19	Net inco	me tax	. Line 13	minus	line 18.	If line 18 i	s more than	line 13, fil	l in -0			1	9		.00
											•			.00			
Attach Sch		ĺ	-				-				AMOUNT → •			.00)		
VFC if you this	credit	>	Number f						WFC, line 17			00					
		22												2	12		.00
											us line 19						.00
		24	Tax to p	ay. If lir	ne 19 is m	nore tha	n line 22	!, you have	e tax to pay. L	ine 19 mi	nus line 22	TAX	TO PAY	/→ ● 2	4		.00
CHARIT									\$5 🗌 \$10			25		.00	- 1		
CHECK		26	Child Ab	use Pr	evention		9	§1 ☐ §	\$5 \(\bigs \) \(\bigs \)	Oth	ner\$	26		.00	<u> </u>		
I want donate		27	Alzheime	er's Dis	ease Re	search	9	§1 ☐ §	\$5 \(\bigs \) \(\bigs \)	Oth	ner\$	27		.00		These redu	
of my t		28	Stop Do	mestic	& Sexua	l Violer	ice	§1 ☐ §	\$5 \(\big \) \(\big \)	Oth	ner\$	28		.00		your re	
the foll		29	AIDS/HI	V Educ	ation and	d Servic	es	§1 ☐ §	\$5 \(\big \) \(\big \)	Oth	ner\$	29		.00	<u> </u>		
fund(s)		30	Other ch	arity. E	nter cod	de ●		§1 ☐ §	\$5 \(\big \) \(\big \)	Oth	ner\$	30		.00	」丿		
		31	Total. Ad	ld lines	25 throu	gh 30.	Total car	n't be mor	e than your	efund on	line 23			3	1		.00
		32	NET RE	FUND.	Line 23	minus	ine 31. T	his is you	ır net refund			NET	REFUN	ID → 3	2		.00
DIRECT		33	For direc	ct depo	sit of you	ır refun	d, see th	e instruct	ions on page	12.	• Тур	oe of Aco	count:	Che	cking o	r □ Sa	vings
		• R	outing No	0.					• Account	No.				\perp			
stateme	ents. T	es fo	r false sw best of m	vearing y knowl	edge and	belief i	t is true, c	correct, and	s return, inclu	iding acco	ompanying sche		e _ R	evenue 1	to contac	partment t this prep ng of this	parer
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		's sigr	ature (if filir	ng jointly,	BOTH mus	t sign)		Date		Address					Telep	phone No.	
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How to figure your standard deduction

• **Standard deduction.** Unless you are claimed as a dependent, or are age 65 or older, or blind, your standard deduction is based on your filing status as follows:

Single	\$1,720
Married filing jointly	3,445
Married filing separately	
If spouse claims standard deduction	1,720
If spouse itemizes deductions	-0-
Head of household	2,770
Qualifying widow(er)	3,445

- **Standard deduction—Dependents.** If you can be claimed as a dependent on another person's return, your standard deduction is limited to the larger of:
 - Your earned income plus \$250, up to the maximum allowed for your filing status, shown above, OR
 - **—**\$800.

This limit applies even if the other person can, but does not, claim you as a dependent on his or her return. Use the worksheet on page 9 to calculate your standard deduction.

- **Standard deduction—Age 65 or older, or blind.** If you are age 65 or older, or blind, you are entitled to a larger standard deduction based on your filing status:
 - 1. Are you: \square 65 or older? \square Blind? If claiming spouse's exemption, is spouse: \square 65 or older? \square Blind?

2. If your filing status is	And the number of boxes checked above is	Then your standard deduction is	If your filing status is	And the number of boxes checked above is	Then your standard deduction is	
Single	1 2	\$ 2,920 4,120	Married filing	1 2 3	2,720 3,720 4,720	
Married filing jointly	1 2 3 4	4,445 5,445 6,445 7,445	Head of household Qualifying widow(er)	4 1 2 1 2	5,720 3,970 5,170 4,445 5,445	

• Standard deduction—Nonresident aliens. The standard deduction for nonresident aliens is -0-.

If you owe, make your check or money order payable to the: Oregon Department of Revenue.

Write your daytime telephone number and "2004 Form 40S" on your check or money order.

Attach your payment, along with the payment voucher on page 11, to this return.

Mail

Oregon Department of Revenue
PO Box 14555
PO Box 14555
Salem OR 97309-0940

Mail REFUND returns
and NO-TAX-DUE
returns to
Salem OR 97309-0930