• Amende	ed Re	eturn						Form	W	_								
OREGON							10			F	or of	fice	use only					
200	7				IE TAX RET	IDN		4()										
	从	INDIVIDUA	- IIV	CON	IE IAX REI	JKIN	Eiv	scal year ending										
Full-Year Residents Only								oai yeai enuili	' K		F	Р	Q	R				
Last name  Spouse's last name if joint return			First name and initial					Social Security N	lo. (SSN)				Da	te of birth (mm/	dd/yyyy)			
			0					Deceased  Spouse's SSN if joint retur					ırn Date of birth (mm/di					
			Spouse's first name and initial if joint return					n	dd/yyyy)									
Current mailing a	ddress					Ш	Deceased		Telepho	ne n	umber	,	_					
									(		)							
City				State	ZIP code		Country		If you f	iled	a retu	ırn la	st y	ear, and your				
									name o	or ac	ddres	s is d	liffer	rent, check he	ere			
• Filing							Exempt	ions										
Chaol: —	Single							Г	•				Г	•	Total			
only 2	Married filing jointly						, ,							6a				
hov —	Married filing Spouse's name separately Spouse's SSN							_										
Separately Spouse's SSN						6c All dependents First names												
						6d Disa					● d <b>Total</b> ● 6e							
		ming widow(er) with depend	aent ci						<i>c</i> 1 1					iotai • oe				
Check 7a all that		vere: 65 or older	_ ] Blin	nd	<mark>7b</mark> ● ☐ You filed an	7c ● file	You ed federa	<mark>7d</mark> ∐ You I an C	tilea Oregon									
apply- <b>≻</b> Sp	ouse	was: 65 or older	Blin	nd	extension	Fo	orm 8886		n 24									
		ederal adjusted gross i											г	o the neares				
	10	040EZ, line 4; or 1040ľ	NR, lir	ne 35.	See instructions,	page 24	٠					•	8 _		.00			
ADDITIONS	0 In	toract and dividends a	n otot	o and l	local government	bondo	autoido o	f Oragon •				.0	0					
		terest and dividends o the <u>r additions</u> . Identify			•10b \$	DONUS		i Oregon	9 [			1.0	0					
		10c •10d \$	. • 10a			Of \$			10			.0	0					
		otal additions. Add lines	s 9 an	nd 10	_			<del></del>				•	11		.00			
	12 In	come after additions.	Add lir	nes 8 a	ınd 11							•	12		.00			
													_					
		005 federal tax liability										0.	$\overline{}$					
	<ul><li>14 Social Security included on federal Form 1040, line 20b; or Fo</li><li>15 Oregon income tax refund included in federal income</li></ul>							•				0.	$\neg$					
W 20		-		.00														
payment,		16 Interest from U.S. government, such as Series EE and HH bonds 17 Federal pension income. See instructions, page 25. 17a % 17b							- 1				0					
		the <u>r subtractions. Iden</u>	70  176	%]•	''			1.0										
voucher		8 Other subtractions. Identify: ●18a ●18b \$  ●18c ●18d \$  ●18e ●18f \$						•	18			.0	0					
here	19 To	otal subtractions. Add l						• 19										
	20 In	come after subtraction	s. Lin	ie 12 m	inus line 19							• :	20 _		.00			
						.,												
	-	are claiming itemized (				-		_		on, t	ill in I			nly.				
		emized deductions fror			•							.0	0					
		<ol> <li>Special Oregon medical deduction (age restricted, see instructions)</li> <li>Total Oregon itemized deductions. Add lines 21 and 22</li> </ol>						-	1			.0	$\neg$					
		State income tax or sales tax claimed as an itemized ded										.0	$\overline{}$					
	_	Net Oregon itemized deductions. Line 23 minus line 24										.0	_					
		OR												Either line 2	5 or 26			
	26 St	tandard deduction from			26			.0	0	J								
		7 Total deductions. Line 25 or line 26, whichever is larger											- 1		.00			
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0										•	28 _		.00				
TAX	20 T-	y Coo instructions	00000	) Esta	r tay hara			-	20				0					
IAA		ax. See instructions, partnership.  heck if tax is from: •						• :	∠9 [			1.0	U					
		terest on certain instal						•	30			.0.	0					
		otal tax. Add lines 29 a								EGO	ON TA	•			.00			

		Form 40  Total tax from front of form, line 31					32				.00
CREDITS		Exemption credit. Multiply your total exemptions on line 6e by \$154					.00	_			.00
		Earned income credit. See instructions, page 30					.00	1			
		Retirement income credit. See instructions, page 30					.00				
		Child and dependent care credit. See instructions, page 30					.00				
		Credit for the elderly or the disabled. See instructions, page 31					.00	>	ADD	TOGE	THE
		Political contribution credit. See limits, page 31				_	.00				
		Credit for income taxes paid to another state. State: •39a Attach proof					.00				
		Other credits. Identify: •40a •40b \$									
		•40c •40d \$ •40e •40f \$	• 40				.00	ノ			
	41	Total credits. Add lines 33 through 40					<b>4</b> 1				.00
	42	Net income tax. Line 32 minus line 41. If line 41 is more than line 32, fill in -0					42				.00
PAYMENTS, PENALTY, AND INTEREST	43	Oregon income tax withheld. Attach Form(s) W-2 and 1099	• 43				.00	)			
	44	Estimated tax payments for 2005. Include payments made with your extension	• 44				.00	AI	D TO	OGETI	ΙER
Attach Schedule	45	Working family child care credit from WFC, line 18 CREDIT AMOUNT ->	<b>•</b> 45				.00	J			
WFC if you claim		Number from WFC, line 5 •45a Amount from WFC, line 16 •45b \$									
this credit	46	Total payments. Add lines 43, 44, and 45				¢	<b>4</b> 6				.00
	47	Overpayment. If line 42 is less than line 46, you overpaid. Line 46 minus line 42	OV	ERPA	YMEN	IT→	<b>4</b> 7				.00
	48	Tax to pay. If line 42 is more than line 46, you have tax to pay. Line 42 minus line	46	TAX	ГО РА	<b>Y</b> →	<b>4</b> 8				.00
	49	Penalty and interest for filing or paying late. See instructions, page 33	49				.00				
	50	Interest on estimated tax underpayment. Attach Form 10 and check box ->	• 50				.00				
		Exception # from Form 10, line 1 •50a									
		Total penalty and interest due. Add lines 49 and 50									.00
		Amount you owe. Line 48 plus line 51									.00
	53	Refund. Is line 47 more than line 51? If so, line 47 minus line 51		R	EFUN	<u>ND</u> →(	● 53				.00
		Estimated tax. Fill in the part of line 53 you want applied to 2006 estimated tax	● 54				.00	)			
CHARITABLE CHECKOFFS		Oregon Nongame Wildlife \$1 \$5 \$10 Other \$	• 55				.00		Tho	se wil	
PAGE 12		Child Abuse Prevention	• 56				.00			duce	•
I want to donate part		Alzheimer's Disease Research \$1 \$5 \$10 Other \$	• 57				.00		your	refun	d
of my tax		Stop Domestic & Sexual Violence \$1 \$5 \$10 Other \$	• 58				.00				
refund to the following		AIDS/HIV Education and Services \$1 \$5 \$10 Other \$	• 59				.00				
fund(s)		Other charity. <b>Code</b> •60a \$1 \$5 \$10 Other \$	• 60				.00				00
		Total. Add lines 54 through 60. Total can't be more than your refund on line 53					61				.00
		•			REFUN	UD →	62				.00
		NET REFUND. Line 53 minus line 61. This is your net refund		NET F			- 02				
DIRECT	62	NET REFUND. Line 53 minus line 61. This is your net refund						dna	<b></b> [	_ ca	
DIRECT DEPOSIT	62	NET REFUND. Line 53 minus line 61. This is your net refund		of Acc				king	or [	Sav	ings
	62	NET REFUND. Line 53 minus line 61. This is your net refund						king	or [	Sav	rings
DEPOSIT	62 63 • R	NET REFUND. Line 53 minus line 61. This is your net refund  For direct deposit of your refund, see the instructions on page 34.	Туре	of Acc	ount:		Check				
Under penaltie and statement	62 63 • R es for	NET REFUND. Line 53 minus line 61. This is your net refund  For direct deposit of your refund, see the instructions on page 34.  outing No.  • Account No.	Type schedu a per	of Acc	l au	: 🗆 c	check	e Dep	artm prep	ent of	Rev
Under penaltie and statement	62 63 • R es for	NET REFUND. Line 53 minus line 61. This is your net refund  For direct deposit of your refund, see the instructions on page 34.  outing No.  • Account No.  false swearing, I declare that I have examined this return, including accompanying so the best of my knowledge and belief it is true, correct, and complete. If prepared by	Type schedu a per	ules son ge.	l au	uthorizate to coproce	ze the ontain	e Dep	artm prep	ent of	Rev
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Mail REFUND returns

and NO-TAX-DUE

returns to

REFUND

PO Box 14700

Salem OR 97309-0930

Mail

**TAX-TO-PAY** 

returns to

Oregon Department of Revenue PO Box 14555

Salem OR 97309-0940