■ Amended Return		Form			W						
COOL					For office use only						
2005 INDIVIDUAL INCOME TAX RETU				JRN 40N							
	OR NONR	ESIDENTS									
Oregon resident: mm dd	10004		2000	Fisc	al year ending						
Oregon resident: mm dd From /		mm dd /	уууу /	1130	ai year ending	K	F	P Q	R		
Last name	First name ar		/	Sc	ocial Security No	. (SSN)		Dat	e of birth (mm/a	ld/yyyy)	
	□ D	eceased	_	_							
Spouse's last name if joint return Spouse's first name and initial if joint			joint returi	nt return Spouse's SSN if join				Da	Date of birth (mm/dd/yyyy)		
	D	Deceased –									
Current mailing address		Ti			e number						
City	State	ZIP code		Country		(() If you filed a return last year, and your				
Only	State	ZIF Code	[Country		,		,	ear, and your ent, check he		
● Filing 1 ☐ Single				Evenntie		•			•	Total	
● Filing 1 Single Status 2 Married filing jointly				Exemptions							
Check 2 Married filing Spause's nor	ne			6a YourselfRegular Severely disabled 6a 6b SpouseRegular Severely disabled b							
one separately Spouse's SSN				-	endents First na		,		c		
box 4 Head of household Person who q	ualifies you			6d Disab		mes			• d		
5 Qualifying widow(er) with depe	endent child			childre	en only				Total ● 6e		
Check 7a •	• 7	b ● ☐ You	7c ● 🗌	You	7d You f	iled					
all that apply→ Spouse was: 65 or older	= 1	filed an	l	d federal		regon					
apply→ Spouse was: ☐ 65 or older	Blind	extension	Fo	rm 8886	Form		al columr	<u> </u>	Oregon co	olumn	
INCOME 8 Wages, salaries, and c	other pay for w	ork. Staple all F	orms W-	2 below .	8	1 0001		0	Oregon of	.00	
9 Taxable interest income		-						0		.00	
10 Dividend income from federal Form 1040, line 9a 1					10		.0	0		.00	
11 State and local income tax refunds from federal Form 1040, line 10 11							.0	0		.00	
12 Alimony received from federal Form 1040, line 11 12							.C	0		.00	
13 Business income or loss from federal Form 1040, line 12								0		.00	
Staple 14 Capital gain or loss from federal Form 1040, line 13								0		.00	
11 20,	15 Other gains or losses from federal Form 1040, line 14							0		.00	
and	16 IRA distributions from federal Form 1040, line 15b							0		.00	
payment	8 Rents, royalties, partnerships, etc., from federal Form 1040, line 17							0		.00	
	Farm income or loss from federal Form 1040, line 18				19			0		.00	
	20 Unemployment and other income from federal Form 1040, lines 19 through 21.						I .	0		.00	
21 Total income. Add lines				.0	0 •21	o	.00				
ADJUSTMENTS 22 IRA or SEP and SIMPLE contributions, federal Form 1040, lin					32 22		.C	0		.00	
TO INCOME 23 Education deductions from federal Form 1040, lines 23, 33, and 34								0		.00	
24 Moving expenses from federal Form 1040, line 26					1			0		.00	
25 Deduction for self-employment tax from federal Form 1040, line 27								0		.00	
26 Self-employed health insurance deduction from federal Form 1040, line 29								0		.00	
28 Other adjustments to income. Identify: 28a 28b					Ī			0		.00	
29 Total adjustments to income. Add lines 22 through 28					ŀ			0 •29		.00	
30 Income after adjustments. Line 21 minus line 29					1		.0	0 •30		.00	
ADDITIONS 31 Interest on state and lo	TIONS 31 Interest on state and local government bonds outside of Ore				31		.0	0		.00	
32 Federal election on interest and dividends of a minor child 33 Other additions. •33a •33b \$ •33c •3								0		.00	
33 Other additions. •33a		3d \$	• 33			0		.00			
34 Total additions. Add line						0 •34		.00			
35 Income after additions.					L	_		0 ●35k		.00	
Attach a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR. Do not attach other federal schedules.											
Oregon Department of Revenue REFUND											
PO Box 14555					FUND return			3ox 14			
returns to Salem OR 97309-0940 NO-TAX-DUE returns to Salem OR 97309-0930											

Page 2 — 20	ge 2 — 2005 Form 40N			Federal column		Oregon colu	mn			
	36	Amount from front of form, line 35	36	.00			.00			
SUBTRACTIONS	37	Social Security and tier 1 Railroad Retirement Board benefits included on line 20	• 37	.00						
3		Other subtractions. •38c •38d \$ •38e •38f \$	●38a	.00	●38b		.00			
		Income after subtractions. Line 36 minus lines 37 and 38	●39a	.00	●39b		.00			
	40	Oregon percentage. Line 39b ÷ line 39a (not more than 100%) 40	%							
DEDUCTIONS	41	Itemized deductions from federal Schedule A, line 28	● 41	.00]					
MODIFICATIONS	42	State income tax or sales tax claimed as itemized deduction	• 42	.00	}					
	43	Net Oregon itemized deductions. Line 41 minus line 42	• 43	.00	ĮĮ	EITHER, NOT BOTH				
	44	Standard deduction from page 24	• 44	.00]}	HOI BOIH				
	45	2005 federal tax liability (\$0-\$4,500 ; see instructions for the <u>correct</u> amount) .	• 45	.00						
	46	Other deductions and modifications. Identify: 46a 46b	● 46	.00						
	47	Deductions and modifications X Oregon percentage. See page 26	47	.00						
	48	Deductions and modifications ${f not}$ multiplied by the Oregon percentage. See page 26 .	• 48	.00						
	49	Total deductions and other modifications. Add lines 47 and 48			• 49		.00			
		Oregon taxable income. Line 39b minus line 49			• 50		.00			
OREGON TAX	51	Tax. See pages 26 and 27 for instructions. Enter tax here	● 51	.00]					
	52	Interest on certain installment sales	• 52	.00						
	53	Total tax. Add lines 51 and 52		OREGON TAX→	-● 53		.00			
CREDITS	54	Exemption credit. Line $6e \times $154 \times Oregon$ percentage from line $40 \dots 10^{-1}$	● 54	.00]					
	55	Earned income credit. See instructions, page 27	• 55	.00	.					
	56	Child and dependent care credit. See instructions, page 28	● 56	.00	A ∫ ا	DD TOGETHE	R			
	57	Credit for income taxes paid to another state. State: •57a Attach proof	• 57	.00	4					
	58	Other credits. •58a •58b \$ •58c •58d \$.	● 58	.00] J					
	59	Total credits. Add lines 54 through 58					.00			
	60	Net income tax. Line 53 minus line 59. If line 59 is more than line 53, fill in -0			• 60		.00			
PAYMENTS, PENALTY, AND	61	Oregon income tax withheld from income. Attach Forms W-2 and 1099	● 61	.00	╢	D. T.O. O. E.T. I.E.D.				
INTEREST Attach Schedule WFC-N/P if you	`	Estimated tax payments for 2005 and payments made with your extension		.00	} AD	DTOGETHER				
	63	Working family child care credit from WFC-N/P, line 21 CREDIT AMOUNT→	• 63	.00])					
claim this credit	-	Number from WFC-N/P, line 5 ●63a Amount from WFC-N/P, line 18 ●63b \$								
		Total payments. Add lines 61, 62, and 63					.00			
		Overpayment. Is line 60 less than line 64? If so, line 64 minus line 60					.00			
		Tax to pay. Is line 60 more than line 64? If so, line 60 minus line 64			. ● 66])		.00			
		Penalty and interest for filing or paying late. See instructions, page 30			AD	D TOGETHER				
	68	Interest on estimated tax underpayment. Attach Form 10 and check box → 68 68								
		Exception # from Form 10, line 1 •68a					00			
		Total penalty and interest due. Add lines 67 and 68					.00			
		Amount you owe. Line 66 plus line 69					.00			
		Refund. Is line 65 more than line 69? If so, line 65 minus line 69		.00	71		.00			
CHARITABLE		Estimated tax. Fill in the part of line 71 you want applied to 2006 estimated tax		.00	1					
CHECKOFFS		Oregon Nongame Wildlife	7374	.00	1	These will				
PAGE 31 I want to		Alzheimer's Disease Research \$1 \$5 \$10 Other \$	• 74 • 75	.00	\	reduce				
donate part		Stop Domestic & Sexual Violence \$1 \$5 \$10 Other \$	• 76	.00	1 (your refund				
of my tax refund to		AIDS/HIV Education and Services \$1 \$5 \$10 Other \$	• 77	.00	1					
the following		Other charity. Code •78a \$1 \$5 \$10 Other \$	• 78	.00	リ					
fund(s).		Total. Add lines 72 through 78. Total can't be more than your refund on line 71.			J ● 79		.00			
		NET REFUND. Line 71 minus line 79. This is your net refund					.00			
DIRECT DEPOSIT				e of Account:		ng or \square Sav				
	• R	outing No. • Account No.								
and statement	s. To	r false swearing, I declare that I have examined this return, including accompanying the best of my knowledge and belief it is true, correct, and complete. If prepared loayer, this declaration is based on all information of which the preparer has any k	by a pe	erson enue to co	ontact	Department of this preparer a of this return.				
Your signature		Date Signature of preparer of	her tha	n taxpayer •	License	e No.				
\ <u>\</u>		X								
X Spouse's signature	e (if fi	ling jointly, BOTH must sign) Address		Telephone N	10.					
- Figure 5	- (11	Date								
Y										