• ☐ Amended Return OREGON						Form		W						
2005 Individual Income Tax Ret						40D		For office use only						
20			ME TAX R			4UP	'							
Oregon resident: mm dd yyyy mm dd yyyy From / / To / /					Fi	Fiscal year ending		F P	Q	R				
Last name	, ·	First name ar	nd initial			Social Security N	o. (SSN)		Dat	e of birth (mm/	'dd/yyyy)			
						_								
Spouse's last r	name if joint return	Spouse's first name and initial if joint return					oint return		Dat	Date of birth (mm/dd/yyyy)				
Current mailing address				Deceased	_	Telephone	number	4						
Current maining address							(	)						
City			State ZIP code				If you file	If you filed a return last year, and your						
							,		•	ent, check he				
● Filing 1 ☐ Single					Exempt	tions _	•			•	Total			
Status 2	Married filing jointly				6a You	rselfRegular								
Check 3 only	Married filing Spouse's name	ð			6b Spo	ouseRegular _		Severely dis	abled _	b				
one box	separately Spouse's SSN				6c All d	lependents First na	ames			• c				
4 [	Head of household Person who qu	-			6d <b>Disa</b>	<b>abled</b> First na dren only	ames			• d				
5 L	Qualifying widow(er) with deper							_		Total ● 6e				
Check all that apply→	You were: 65 or older Spouse was: 65 or older	Blind Blind	b ● ☐ You filed an extension		You ed federa erm 8886		regon							
117	орожно пост				1111 0000	<u>, 1011</u>		ıl column		Oregon c	olumn			
INCOME	8 Wages, salaries, and of	ther pay for w	ork. Staple all F	orms W	-2 belov	v 8		.00			.00			
	9 Taxable interest income	8a		9		.00			.00					
	10 Dividend income from f							.00	1		.00			
		•						.00	-		.00			
	12 Alimony received from federal Form 1040, line 11							.00	1		.00			
	13 Business income or loss from federal Form 1040, line 12							.00.	1		.00			
Staple W-2s,	14 Capital gain or loss from federal Form 1040, line 13							.00	1		.00			
payment,	16 IRA distributions from federal Form 1040, line 15b							.00	1		.00			
and payment	17 Pensions and annuities from federal Form 1040, line 16b							.00	1		.00			
voucher	18 Rents, royalties, partne	18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17 18							]		.00			
here	19 Farm income or loss fro		19		.00			.00						
	20 Unemployment and other income from federal Form 1040, lines 19 through 2							.00	1		.00			
	21 Total income. Add lines 8 through 20							.00	●21b		.00			
ADJUSTMENT TO INCOME	•							.00	+		.00			
		B Education deductions from federal Form 1040, lines 23, 33, and 34  Moving expenses from federal Form 1040, line 26						.00.	1		.00			
	25 Deduction for self-employment tax from federal Form 1040, line 27							.00	1		.00			
								.00	1		.00			
								.00	]		.00			
						28		.00			.00			
	29 Total adjustments to income. Add lines 22 through 28							.00	●29b		.00			
	30 Income after adjustmen							.00	●30b		.00			
ADDITIONS	31 Interest on state and local government bonds outside of Oregor							.00	-		.00			
	32 Federal election on interest and dividends of a minor child							.00	+		.00			
	33 Other additions. •33a •33b •33c •33d \$ •33d \$ •34  Total additions. Add lines 31 through 33							.00	●34b		.00			
	35 Income after additions. Add lines 30 <b>and</b> 34							.00	7		.00			
	Attach a copy of your fede						ach othe		_					
					0401	Do not att	aon out							
Mail <b>T</b>		partment of	Revenue		Mail	REFUND return	ns and	REFU		·00				
PO Box 14555 Salem OR 97309-0940						-TAX-DUE retu		PO Bo Salem		00 17309-0930	)			

Page 2 — 20	005	Form 40P		Federal	nn	Oregon column					
	36	Amount from front of form, line 35	36			.00				.00	
SUBTRACTIONS		Social Security and tier 1 Railroad Retirement Board benefits included on line 20				.00					
		Other subtractions. •38c •38d \$ •38e •38f \$	●38a			.00	•38	0		.00	
		Income after subtractions. Line 36 minus lines 37 and 38				.00	•39			.00	
		Oregon percentage. Line 39b ÷ line 39a (not more than 100%) 40			•						
		Amount from line 39a (federal amount)		L		_	<b>→</b> 41	ı		.00	
DEDUCTIONS		Itemized deductions from federal Schedule A, line 28				.00	)	•			
AND MODIFICATIONS		State income tax or sales tax claimed as itemized deduction				.00	1}				
		Net Oregon itemized deductions. Line 42 minus line 43	_			.00	<b>1</b> ]		HER,		
		Standard deduction from page 24				.00	NOT BOTH				
		2005 federal tax liability ( <b>\$0-\$4,500</b> ; <b>see instructions</b> for the correct amount) .				.00	]′				
		Other deductions and modifications. Identify: 47a 47b				.00					
		Add lines 45, 46, and 47 <b>or</b> lines 44, 46, and 47. Fill in the larger amount					_ ● 48	3		.00	
	49									.00	
OREGON	50	Tax from tax rate charts (see instructions, pages 26–27) 50	.00					•			
TAX		Oregon income tax. Line 50 × Oregon percentage from line 40	• 51			.00					
		Check if tax is from: •☐ Form FIA-40P or •☐ Worksheet FCG					_				
	52	Interest on certain installment sales	• 52			.00					
	53	Total tax. Add lines 51 and 52		OREG	ON T	4Х→	- - ● 53	3		.00	
CREDITS	54	Exemption credit. Line 6e × \$154 × Oregon percentage from line 40				.00	$\Box$				
		Earned income credit. See instructions, page 27				.00	1				
		Child and dependent care credit. See instructions, page 28				.00	ADD TOGETHER				
		Credit for income taxes paid to another state. State: ●57a Attach proof				.00	11				
			• 58			.00	1 J				
		Total credits. Add lines 54 through 58					_ ● 59	9		.00	
		Net income tax. Line 53 minus line 59. If line 59 is more than line 53, fill in -0								.00	
PAYMENTS,		Oregon income tax withheld from income. Attach Forms W-2 and 1099				.00					
PENALTY, AND INTEREST		Estimated tax payments for 2005 and payments made with your extension				.00	] <b>}</b> A[	OT DO	GETHE	R	
Attach Schedule	1	Working family child care credit from WFC-N/P, line 21 CREDIT AMOUNT→				.00	<b>1</b> J				
WFC-N/P if you	}	Number from WFC-N/P, line 5 • 63a Amount from WFC-N/P, line 18 • 63b \$					٦,				
claim this credit		Total payments. Add lines 61, 62, and 63					• 64	1		.00	
		Overpayment. Is line 60 less than line 64? If so, line 64 minus line 60						5		.00	
		Tax to pay. Is line 60 more than line 64? If so, line 60 minus line 64						1		.00	
		Penalty and interest for filing or paying late. See instructions, page 30				.00	1)				
		8 Interest on estimated tax underpayment. Attach Form 10 and check box									
		Exception # from Form 10, line 1 •68a				_ ,					
	69	Total penalty and interest due. Add lines 67 and 68					• 69	9		.00	
		Amount you owe. Line 66 plus line 69								.00	
	71	Refund. Is line 65 more than line 69? If so, line 65 minus line 69								.00	
		Estimated tax. Fill in the part of line 71 you want applied to 2006 estimated tax				.00	] <b>\</b> _				
CHARITABLE		Oregon Nongame Wildlife	• 73			.00	11				
CHECKOFFS PAGE 31 I want to		4 Child Abuse Prevention									
		Alzheimer's Disease Research \$1 \$5 \$10 Other \$	• 75			.00	reduce				
donate part of my tax		Stop Domestic & Sexual Violence \$1 \$5 \$10 Other \$	• 76			.00	11	your	refund	J	
refund to		AIDS/HIV Education and Services \$1 \$5 \$10 Other \$	• 77			.00	11				
the following fund(s).		Other charity. <b>Code</b> •78a \$1 \$5 \$10 Other \$	• 78			.00	]丿				
iunu(s).	79						_ ● 79	9		.00	
		NET REFUND. Line 71 minus line 79. This is your net refund								.00	
DIRECT				e of Acco		_			r 🗆 s	avings	
DEPOSIT			,,					, ,			
	• R	outing No. • Account No.									
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.								r about			
Your signature		Date Signature of preparer of					Licens				
			and that tapayor - Liberton IVO.								
Χ		X Address									
Spouse's signature	e (if fil	ing jointly, BOTH must sign) Date								ĺ	
X											