

Amended Return **OREGON** Form **40** W
2007 INDIVIDUAL INCOME TAX RETURN
 Full-Year Residents Only

For office use only

Fiscal year ending **K F P J**

Last name	First name and initial <input type="checkbox"/> Deceased	Social Security No. (SSN) - -	Date of birth (mm/dd/yyyy)
Spouse's last name if joint return	Spouse's first name and initial if joint return <input type="checkbox"/> Deceased	Spouse's SSN if joint return - -	Date of birth (mm/dd/yyyy)

Current mailing address _____ Telephone number () _____

City _____ State _____ ZIP code _____ Country _____

If you filed a return last year, and your name or address is different, check here

<p>Filing Status</p> <p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly</p> <p>3 <input type="checkbox"/> Married filing separately Spouse's name _____ Spouse's SSN _____</p> <p>4 <input type="checkbox"/> Head of household Person who qualifies you _____</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child</p>	<p>Exemptions</p> <table style="width: 100%;"> <tr> <td>6a YourselfRegular <input type="checkbox"/></td> <td>.....Severely disabled <input type="checkbox"/></td> <td>.....6a <input type="text"/></td> </tr> <tr> <td>6b Spouse.....Regular <input type="checkbox"/></td> <td>.....Severely disabled <input type="checkbox"/></td> <td>.....b <input type="text"/></td> </tr> <tr> <td>6c All dependents First names _____</td> <td>.....c <input type="text"/></td> <td></td> </tr> <tr> <td>6d Disabled children only (see instructions) First names _____</td> <td>.....d <input type="text"/></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total • 6e</td> <td><input type="text"/></td> </tr> </table>	6a YourselfRegular <input type="checkbox"/>Severely disabled <input type="checkbox"/>6a <input type="text"/>	6b Spouse.....Regular <input type="checkbox"/>Severely disabled <input type="checkbox"/>b <input type="text"/>	6c All dependents First names _____c <input type="text"/>		6d Disabled children only (see instructions) First names _____d <input type="text"/>		Total • 6e		<input type="text"/>
6a YourselfRegular <input type="checkbox"/>Severely disabled <input type="checkbox"/>6a <input type="text"/>														
6b Spouse.....Regular <input type="checkbox"/>Severely disabled <input type="checkbox"/>b <input type="text"/>														
6c All dependents First names _____c <input type="text"/>															
6d Disabled children only (see instructions) First names _____d <input type="text"/>															
Total • 6e		<input type="text"/>														

Check all that apply →	7a • <input type="checkbox"/> You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	7b • <input type="checkbox"/> You filed an extension	7c • <input type="checkbox"/> You have federal Form 8886, REIT, or RIC	7d <input type="checkbox"/> You filed Oregon Form 24	
------------------------	---	---	---	---	--

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10. See instructions, page 26 • 8 .00 **Round to the nearest dollar**

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon... • 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 Other additions. Identify: • 10x <input type="text"/> • 10y \$ <input type="text"/> Schedule attached 10z <input type="checkbox"/> • 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 Total additions. Add lines 9 and 10 • 11	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12 Income after additions. Add lines 8 and 11 • 12	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBTRACTIONS	13 2007 federal tax liability (\$0-\$5,500; see instructions for the correct amount) • 13	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staple proof of withholding (W-2s, 1099s), payment, and payment voucher here	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... • 14	<input type="text"/>	<input type="text"/>	<input type="text"/>
	15 Oregon income tax refund included in federal income..... • 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
	16 Interest from U.S. government, such as Series EE, HH, and I bonds • 16	<input type="text"/>	<input type="text"/>	<input type="text"/>
	17 Federal pension income. See instructions, page 28. 17a <input type="text"/> % 17b <input type="text"/> % • 17	<input type="text"/>	<input type="text"/>	<input type="text"/>
	18 Other subtractions. Identify: • 18x <input type="text"/> • 18y \$ <input type="text"/> Schedule attached 18z <input type="checkbox"/> • 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
	19 Total subtractions. Add lines 13 through 18 • 19	<input type="text"/>	<input type="text"/>	<input type="text"/>
	20 Income after subtractions. Line 12 minus line 19 • 20	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEDUCTIONS	If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.			
	21 Itemized deductions from federal Schedule A, line 29 • 21	<input type="text"/>	<input type="text"/>	<input type="text"/>
	22 Special Oregon medical deduction (age restricted, see instructions, page 30) • 22	<input type="text"/>	<input type="text"/>	<input type="text"/>
	23 Total Oregon itemized deductions. Add lines 21 and 22 • 23	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 State income tax or sales tax claimed as an itemized deduction • 24	<input type="text"/>	<input type="text"/>	<input type="text"/>
	25 Net Oregon itemized deductions. Line 23 minus line 24..... • 25	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OR			
	26 Standard deduction from page 31 • 26	<input type="text"/>	<input type="text"/>	<input type="text"/>
	27 Total deductions. Line 25 or line 26, whichever is larger • 27	<input type="text"/>	<input type="text"/>	<input type="text"/>
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- • 28	<input type="text"/>	<input type="text"/>	<input type="text"/>

TAX	29 Tax. See instructions, page 31. Enter tax here • 29	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Check if tax is from: 29a <input type="checkbox"/> Tax tables or charts or • 29b <input type="checkbox"/> Form FIA-40 or • 29c <input type="checkbox"/> Worksheet FCG			
	30 Interest on certain installment sales..... • 30	<input type="text"/>	<input type="text"/>	<input type="text"/>
	31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS • 31	<input type="text"/>	<input type="text"/>	<input type="text"/>

	32	Total tax before credits from front of form, line 31.....	32		.00
NONREFUNDABLE CREDITS	33	Exemption credit. If the amount on line 8 is less than \$117,300, multiply your total exemptions on line 6e by \$165. Otherwise, see instructions on page 32.....	33		.00
	34	Retirement income credit. See instructions, page 32.....	34		.00
	35	Child and dependent care credit. See instructions, page 33.....	35		.00
	36	Credit for the elderly or the disabled. See instructions, page 33.....	36		.00
	37	Political contribution credit. See limits, page 33.....	37		.00
	38	Credit for income taxes paid to another state. State: ●38y <input type="text"/> Schedule attached 38z <input type="checkbox"/>	38		.00
	39	Other credits. Identify: ●39x <input type="text"/> ●39y \$ <input type="text"/> Schedule attached 39z <input type="checkbox"/>	39		.00
	40	Total non-refundable credits. Add lines 33 through 39.....	40		.00
	41	Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....	41		.00
PAYMENTS AND REFUNDABLE CREDITS	42	Oregon income tax withheld. Attach Form(s) W-2 and 1099	42		.00
	43	Estimated tax payments for 2007. Include payments made with your extension	43		.00
	44	Earned income credit. See instructions, page 35.....	44		.00
	45	Working family child care credit from WFC, line 18.....	45		.00
		Number from WFC, line 5 ●45a <input type="text"/> Amount from WFC, line 16 ●45b \$ <input type="text"/>			
	46	Mobile home park closure credit. Attach Schedule MPC.....	46		.00
	47	Total payments and refundable credits. Add lines 42 through 46.....	47		.00
	48	Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41 OVERPAYMENT →	48		.00
49	Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47.... TAX TO PAY →	49		.00	
50	Penalty and interest for filing or paying late. See instructions, page 36.....	50		.00	
51	Interest on underpayment of estimated tax. Attach Form 10 and check box <input type="checkbox"/>	51		.00	
	Exception # from Form 10, line 1 ●51a <input type="text"/>				
52	Total penalty and interest due. Add lines 50 and 51.....	52		.00	
53	Amount you owe. Line 49 plus line 52..... AMOUNT YOU OWE →	53		.00	
54	Refund. Is line 48 more than line 52? If so, line 48 minus line 52..... REFUND →	54		.00	
55	Estimated tax. Fill in the part of line 54 you want applied to 2008 estimated tax ...	55		.00	
CHARITABLE CHECKOFFS PAGE 13 <i>I want to donate part of my tax refund to the following fund(s)</i>	Oregon Nongame Wildlife ●56	.00	Child Abuse Prevention ●57	.00	These will reduce your refund
	Alzheimer's Disease Research ●58	.00	Stop Dom. & Sexual Violence ●59	.00	
	AIDS/HIV Education & Services ●60	.00	OR Military Financial Assist. ●61	.00	
	Habitat for Humanity ●62	.00	OR Head Start Association ●63	.00	
	American Diabetes Association ●64	.00	Oregon Coast Aquarium ●65	.00	
	SMART ●66	.00	SOLV ●67	.00	
	Charity code ●68a <input type="text"/> ●68b <input type="text"/>	.00	Charity code ●69a <input type="text"/> ●69b <input type="text"/>	.00	
	70	Total. Add lines 55 through 69. Total can't be more than your refund on line 54.....	70		
71	NET REFUND. Line 54 minus line 70. This is your net refund..... NET REFUND →	71		.00	

DIRECT DEPOSIT 72 For direct deposit of your refund, see the instructions on page 37. ● **Type of Account:** Checking or Savings

● Routing No. ● Account No.

Important: Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature X	Date	Signature of preparer other than taxpayer X	● License No.
Spouse's signature (if filing jointly, BOTH must sign) X	Date	Address	Telephone No.

If you owe, make your check or money order payable to the **Oregon Department of Revenue.** Write your daytime telephone number and **"2007 Oregon Form 40"** on your check or money order. **Attach your payment, along with the payment voucher** on page 3, to this return.

Mail TAX-TO-PAY returns to Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Mail REFUND returns and NO-TAX-DUE returns to REFUND PO Box 14700 Salem OR 97309-0930
--	--