Processor INDIVIDUAL INCOME TAX RETURN POR NONRESIDENTS AddNo Oregon resident: mm did yzy mm did yzy Fiscal year ending K F P J Last name Fiscal year ending K F P J Did	Amended F	Retu	rn		ORI	EGO	N		Form		W					
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From / To / C F J Last name First name and initial Decemed Social Security No. (SSN) Date of birth (mm/dddyyy) Spoce's last name if joint return Spoce's SSN if joint return Date of birth (mm/dddyy) Current mailing address Tolephone number () City Status 2/P code Country If you field a return last year, and your name or address is different, check here () City Status 2/P code Country If you field a return last year, and your name or address is different, check here () One Severe's disabled						INESIDI										
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box ↓ Head of household Person who qualifies you	only ³	-	•	Spouse's name				_ 6b s	pouseRegula	r	Se	everely dis	abled		b	
S Qualifying widow(er) with dependent child Check (see instructions) Total • 6e Check all that Ta Ta Tb You Total • 6e Check all that Ta Tb You Total • 6e Total • 6e Check all that Total • 6e Total • 6e Total • 6e Spouse was: 65 or older Blind Tb You Total • 6e INCOME 8 Wages, salaries, and other pay for work. Staple all Forms W-2 below 8f .000 es .000 es <td>box</td> <td>, '</td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>irst name</td> <td>s</td> <td></td> <td></td> <td></td> <td></td> <td></td>	box	, '	,					-		irst name	s					
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Nuclei 18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17 18F .00 •18S .00 19 Farm income or loss from federal Form 1040, line 18 .19F .00 •19S .00 20 Unemployment and other income from federal Form 1040, lines 19 through 21 .20F .00 •20S .00 21 Total income. Add lines 8 through 20 .01 •21F .00 •21S .00 ADJUSTMENTS 22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32 .22F .00 •22S .00 23 Education deductions from federal Form 1040, lines 23, 33, and 34 .23F .00 •23S .00 25 Deduction for self-employment tax from federal Form 1040, line 27 .25F .00 •24S .00 26 Self-employed health insurance deduction from federal Form 1040, line 27 .25F .00 •26S .00 27 Alimony paid from federal Form 1040, line 31a .27F .00 •27S .00 28 Other adjustments to income. Identify: •28x •28y\$ Schedule 28z .28F .00 •28S .00 <td< td=""><td>payment</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.00</td></td<>	payment															.00
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21 Total income. Add lines 8 through 20 • 21F .00 • 21S .00 ADJUSTMENTS 22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32 .22F .00 • 22S .00 23 Education deductions from federal Form 1040, lines 23, 33, and 34 .23F .00 • 23S .00 24 Moving expenses from federal Form 1040, line 26 .24F .00 • 24S .00 25 Deduction for self-employment tax from federal Form 1040, line 27 .25F .00 • 25S .00 26 Self-employed health insurance deduction from federal Form 1040, line 29 .26F .00 • 26S .00 27 Alimony paid from federal Form 1040, line 31a .27F .00 • 27S .00 28 Other adjustments to income. Identify: • 28x • 28y \$ Schedule 28z • 28F .00 • 28S .00 29 Total adjustments. Line 21 minus line 29 • 30F .00 • 30S .00												.00	•19S			.00
ADJUSTMENTS 22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32									-							.00
TO INCOME 23 Education deductions from federal Form 1040, lines 23, 33, and 34					U											.00
26 Education deductions non-rotation rotation r													- +			.00 .00
25 Deduction for self-employment tax from federal Form 1040, line 27 .00 •25S .00 26 Self-employed health insurance deduction from federal Form 1040, line 29 .00 •26S .00 27 Alimony paid from federal Form 1040, line 31a .27F .00 •27S .00 28 Other adjustments to income. Identify: •28x •28y Schedule 28z • 28F .00 •28S .00 29 Total adjustments to income. Add lines 22 through 28													- +			.00
26 Self-employed health insurance deduction from federal Form 1040, line 29													- +			.00
28 Other adjustments to income. Identify: •28x •28y Schedule 28z • 28F .00 •28S .00 29 Total adjustments to income. Add lines 22 through 28													- +			.00
29 Total adjustments to income. Add lines 22 through 28			• •										- +			.00
30 Income after adjustments. Line 21 minus line 29			-		-								- +			.00
							0									00. 00.
	ADDITIONS			-												.00
	SNOLLOGS												- +			.00
									_				- +			.00
						-							- +			.00
													•35S			.00
SUBTRACTIONS 36 Social Security and tier 1 Railroad Retirement Board benefits included on line 20F • 36F00	SUBTRACTIONS															00
				-												.00
39 Oregon percentage. Line 38S ÷ line 38F (not more than 100.0%)●39%												1.00	_ 000[A C	arry th	

Page 2 - 2007 Form 40N

	40	Amount from front of form, line 38S (Oregon amount)		40		.00			
DEDUCTIONS		Itemized deductions from federal Schedule A, line 29	00.	<u> </u>]		100			
AND		State income tax or sales tax claimed as itemized deduction	.00						
MODIFICATIONS		Net Oregon itemized deductions. Line 41 minus line 42	.00	11	EITHER,				
		Standard deduction from page 27	.00	1í	NOT BOTH				
			.00	J					
			.00	1					
		Deductions and modifications X Oregon percentage. See page 29	.00	1					
	48		.00	1					
	40 49	Total deductions and other modifications. Add lines 47 and 48				.00			
		Oregon taxable income. Line 40 minus line 49				.00			
OREGON		Tax. See page 29 for instructions. Enter tax here	.00			1.00			
TAX	51	Check if tax is from: $51a \square$ Tax charts or \bullet $51b \square$ Form FIA-40N or \bullet $51c \square$ Wo]					
	52	Interest on certain installment sales	.00]					
		Total tax before credits. Add lines 51 and 52		」 ● 53		.00			
		Exemption credit. See instructions, page 30	.00	1					
ODEDITO		Credit for income taxes paid to another state. State: \bullet 55y Schedule 55z \Box \bullet 55	.00	L A	DD TOGETH	ER			
Attach proof —		Other credits. Identify: $\bullet 56x$ $\bullet 56y$ $\bullet 56y$ Schedule attached $56z$ \Box $\bullet 56$		1					
		Total non-refundable credits. Add lines 54 through 56	L) • 57		.00			
		Net income tax. Line 53 minus line 57. If line 57 is more than line 53, enter -0-				.00			
		Oregon income tax withheld from income. Attach Forms W-2 and 1099	.00	<u>)</u>		1.00			
REFUNDABLE		Estimated tax payments for 2007 and payments made with your extension	.00	11					
CREDITS		Nonresidents. Tax withheld from pass-through entity	.00						
		Earned income credit. See instructions, page 33	.00			B			
Attach Schedule	<u>`</u>	Working family child care credit from WFC-N/P, line 21	.00						
WFC-N/P if you	}	Number from WFC-N/P, line $5 \bullet 63a$ Amount from WFC-N/P, line $18 \bullet 63b$		1					
claim this credit) 61	Mobile home park closure credit. Attach Schedule MPC	.00	ı)					
		Total payments and refundable credits. Add lines 59 through 64]) ● 65		.00			
						.00			
		Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65				.00			
		Penalty and interest for filing or paying late. See instructions, page 33		1					
		Interest on underpayment of estimated tax. Attach Form 10 and check box $\Box \bullet 69$			D TOGETHEI	2			
	03	Exception # from Form 10, line $1 \bullet 69a$		1)					
	70	Total penalty and interest due. Add lines 68 and 69		70		.00			
		Amount you owe. Line 67 plus line 70				.00			
		Refund. Is line 66 more than line 70? If so, line 66 minus line 70				.00			
		Estimated tax. Fill in the part of line 72 you want applied to 2008 estimated tax • 73	.00			1.00			
	10	Oregon Nongame Wildlife • 74 .00 Child Abuse Prevention • 75	.00						
CHARITABLE CHECKOFFS		Alzheimer's Disease Research • 76 .00 Stop Dom. & Sexual Violence • 77	.00						
PAGE 34		AlDS/HIV Education & Services • 78 .00 OR Military Financial Assist. • 79	.00	t L	These will				
l want to donate part		Habitat for Humanity ● 80 .00 OR Head Start Association ● 81	.00	5	reduce your refund				
of my tax		American Diabetes Association • 82 .00 Oregon Coast Aquarium • 83	.00		your rerund				
refund to the following		SMART • 84 .00 SOLV • 85	.00						
fund(s)		Charity code • 86a • 86b .00 Charity code • 87a • 87b	.00	J					
	00	Total. Add lines 73 through 87. Total can't be more than your refund on line 72	I	. • 88		.00			
		NET REFUND. Line 72 minus line 88. This is your net refund				.00			
DIRECT DEPOSIT	90 For direct deposit of your refund, see the instructions on page 36. • Type of Account: Checking or Savings								
	• F	Routing No.							
	- 1								

Important: Attach a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR. Do not attach other federal schedules.

Under penalty for false swearing, I declare that the information in this return and attachments is true, correct, and complete.								
Your signature	Date	Signature of preparer other than taxpayer	● License No.					
Y.		x						
X		Address Telephor	ne No.					
Spouse's signature (if filing jointly, BOTH must sign)	Date							
x								