

OREGON INDIVIDUAL INCOME TAX RETURN

Form
40S
FULL-YEAR
RESIDENTS ONLY

1994

SHORT FORM

Fiscal year ending

For office use only	
Date received	
Payment amount	
Penalty date	

USE LABEL	Last name		First name and initial		Social Security number (SSN)		Your Age	
	Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Spouse's SSN, if joint return		Spouse's Age	
	Current mailing address _____ Place label here					Telephone number ()		
	City		State	ZIP Code		If you filed a return in 1993 and this address is different, check here → <input type="checkbox"/>		

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions	Regular	Severely disabled	Total
	2 <input type="checkbox"/> Married filing jointly		6a Yourself		6a
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name)		6b Spouse		b
	4 <input type="checkbox"/> Head of household _____ (Spouse's Social Security number)		6c Dependents _____ (First names)		c
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child _____ (Person who qualifies you)		6d Disabled children only _____ (First names)		d
				Total	e

7 Check if:	<input type="checkbox"/> You were 65 or older	<input type="checkbox"/> Blind	If someone else can claim you as a dependent, check here <input type="checkbox"/>	For office use only	1	2	3	Extension Filed <input type="checkbox"/>
	<input type="checkbox"/> Spouse was 65 or older	<input type="checkbox"/> Blind						

8 Wages, salaries, tips, commissions, scholarships, and other pay for work	• 8		
9 Interest	• 9		
10 Dividends	• 10		
11 Unemployment compensation. Federal Form 1040, line 19 or Form 1040A, line 12	• 11		
12 Total income. Add lines 8 through 11		12	
13 1994 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	• 13		
14 Standard deduction on back of this form	14		
15 Add lines 13 and 14		15	
16 Oregon taxable income. Line 12 minus line 15. If line 15 is more than line 12, fill in -0-	• 16		
17 Tax from tables, pages 12 through 14	• 17		
18 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$116	18		
19 Child and dependent care credit. See instructions, page 15	• 19		
20 Political contribution credit. See limits, page 16	• 20		
21 Other credits. Identify _____	• 21		
22 Total credits. Add lines 18 through 21		22	
23 Net income tax. Line 17 minus line 22. If line 22 is more than line 17, fill in -0-	• 23		
24 Oregon tax withheld from wages. Attach your W-2 wage slips	• 24		
25 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24	• 25	TAX-TO-PAY	
26 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	• 26	REFUND	
I wish to donate part of my tax refund to the following fund(s):			
27 Oregon Nongame Wildlife	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	• 27	
28 Child Abuse Prevention	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	• 28	
29 Alzheimer's Disease Research	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	• 29	
30 Stop Domestic & Sexual Violence	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	• 30	
31 AIDS/HIV Education and Services	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	• 31	
32 Total donations. Add lines 27 through 31. Total can't be more than your refund on line 26		32	
33 NET REFUND. Line 26 minus line 32. This is your net refund	NET REFUND	33	

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE	→ Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	→ Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____	Address _____

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

Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1994 Form 40S" on your payment.

Staple W-2 wage slips here

150-101-044 (Rev. 9-94)

Your standard deduction for line 14, Form 40S

Generally, your standard deduction is based on your filing status as follows:

Single	\$1,800
Married filing jointly	3,000
Married filing separately	1,500
Head of household	2,640
Qualifying widow(er)	3,000

If you can be claimed as a dependent on another person's return, your standard deduction is limited to the greater of:

1. \$500, or
2. Your earned income. This is limited to the maximum allowed for your filing status, as shown above.

You are allowed an additional deduction amount if you or your spouse are age 65 or older, or blind. The additional amount is based on your filing status:

Single or Head of household	—\$1,200
All others	—\$1,000

Example. Al and Amy Edwards are filing a joint return. Al is 70 years old and blind. Amy is 68. Their standard deduction is figured as follows:

Married filing jointly	\$3,000
Additional amount due to Al's age	1,000
Additional amount due to Amy's age	1,000
Additional amount due to Al's blindness	<u>1,000</u>
Total standard deduction	<u>\$6,000</u>

Fill in your total standard deduction on line 14, Form 40S.