

OREGON INDIVIDUAL INCOME TAX RETURN

Form
40S
FULL-YEAR
RESIDENTS ONLY

1995
SHORT FORM

Fiscal year ending

For office use only

Date received		
Penalty date	Payment amount	

USE LABEL Otherwise, please print or type.	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 1994 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	6a Yourself		6a
	2 <input type="checkbox"/> Married filing jointly		6b Spouse		b
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)		6c Dependents (First names)	• c	
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)		6d Disabled children only (First names)	• d	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		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"/>
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Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, scholarships, and other pay for work	• 8		
9 Interest	• 9		
10 Dividends	• 10		
11 Unemployment compensation. See instructions, page 15	• 11		
12 Total income. Add lines 8 through 11	• 12		
13 1995 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 \$120	• 18		
19 Child and dependent care credit. See instructions, page 16	• 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	• 27	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	} These will reduce your refund
28 Child Abuse Prevention	• 28	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
29 Alzheimer's Disease Research	• 29	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
30 Stop Domestic & Sexual Violence	• 30	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
31 AIDS/HIV Education and Services	• 31	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
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	• 33	NET REFUND	

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 _____

➔ Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____

Signature of preparer other than taxpayer _____ License No. _____

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

150-101-044 (Rev. 9-95)

Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1995 Form 40S" on your payment.

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. This limit applies even if the other person can, but does not claim you as a dependent on their return.

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.