

Oregon Individual Income Tax Return

1999

FULL-YEAR RESIDENTS ONLY

Form 40S

SHORT FORM



For office use only

Date received

Remember to write in your Social Security No.	Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth Year	
	Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Enter Spouse's SSN, if joint return - -		Spouse's Birth Year	
	Current mailing address					Telephone number ()		
	City		State	ZIP Code		If you filed a return in 1998, 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	<input type="checkbox"/>	<input type="checkbox"/>	6a	<input type="checkbox"/>	
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)		6b Spouse	<input type="checkbox"/>	<input type="checkbox"/>	b	<input type="checkbox"/>	
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)		6c Dependents (First names)	_____		c	<input type="checkbox"/>	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		6d Disabled children only (First names)	_____		d	<input type="checkbox"/>	
				Total		e	<input type="checkbox"/>	

7 Check if: You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	If someone else can claim you as a dependent, check here <input type="checkbox"/>	Check if you filed an extension <input type="checkbox"/>	For office use only	1	2	3
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Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, scholarships, and other pay for work	8	<input type="checkbox"/>	<input type="checkbox"/>
9 Interest: 9a _____ plus Dividends: 9b _____	9	<input type="checkbox"/>	<input type="checkbox"/>
10 Unemployment compensation. See instructions, page 9	10	<input type="checkbox"/>	<input type="checkbox"/>
11 Total income. Add lines 8 through 10	11	<input type="checkbox"/>	<input type="checkbox"/>
12 1999 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	12	<input type="checkbox"/>	<input type="checkbox"/>
13 Standard deduction from the back of this form	13	<input type="checkbox"/>	<input type="checkbox"/>
14 Add lines 12 and 13	14	<input type="checkbox"/>	<input type="checkbox"/>
15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0-	15	<input type="checkbox"/>	<input type="checkbox"/>
16 Tax from tables, pages 21 through 23	16	<input type="checkbox"/>	<input type="checkbox"/>
17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$134	17	<input type="checkbox"/>	<input type="checkbox"/>
18 Earned income credit. See instructions, page 10	18	<input type="checkbox"/>	<input type="checkbox"/>
19 Working family credit. See instructions, page 10	19	<input type="checkbox"/>	<input type="checkbox"/>
20 Child and dependent care credit. See instructions, page 10	20	<input type="checkbox"/>	<input type="checkbox"/>
21 Other credits (see instructions). Identify _____	21	<input type="checkbox"/>	<input type="checkbox"/>
22 Total credits. Add lines 17 through 21	22	<input type="checkbox"/>	<input type="checkbox"/>
23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0-	23	<input type="checkbox"/>	<input type="checkbox"/>
24 Oregon tax withheld from income. Attach your Form(s) W-2 and 1099	24	<input type="checkbox"/>	<input type="checkbox"/>
25 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	25	<input type="checkbox"/>	<input type="checkbox"/>
26 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus line 24	26	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>
28 Child Abuse Prevention	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	28	<input type="checkbox"/>
29 Alzheimer's Disease Research	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	29	<input type="checkbox"/>
30 Stop Domestic & Sexual Violence	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	30	<input type="checkbox"/>
31 AIDS/HIV Education and Services	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	31	<input type="checkbox"/>
32 Total donations. Add lines 27 through 31. Total can't be more than your refund on line 25	32	<input type="checkbox"/>	<input type="checkbox"/>
33 NET REFUND. Line 25 minus line 32. This is your net refund	NET REFUND	33	<input type="checkbox"/>

These will reduce your refund

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.

SIGN HERE	<input type="checkbox"/> Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	<input type="checkbox"/> 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

150-101-044 (Rev. 9-99)

Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1999 Form 40S" on your payment.

The tax tables are in the instructions. They must be downloaded separately.

Your standard deduction for line 13, 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. Your earned income plus \$250, but no more than the maximum allowed for your filing status, as shown above, **or**
2. \$700

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

Age 65 or older, or blind:

Each taxpayer and each spouse who is age 65 or older is allowed an additional deduction amount. Each taxpayer and each spouse who is blind is also allowed an additional deduction amount. 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 Form 40S, line 13.