



Oregon Individual Income Tax Return

Form 40S 2000

SHORT FORM FULL-YEAR RESIDENTS ONLY

For office use only

Date received _____

Last name		First name and initial		Enter your Social Security No. (SSN)		Birth year		For office use only	
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		1	
Current mailing address				Telephone number				2	
City		State		ZIP code		If you filed a return in 1999, and this address is different, check here <input type="checkbox"/>		3	

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

7 Check if: You were: 65 or older Blind Spouse was: 65 or older Blind

If someone else can claim you as a dependent, check here

Check if you filed an extension

Check here to donate your kicker refund to the School Fund

Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, and other pay for work	8		
9 Interest: 9a _____ plus Dividends: 9b _____	9		
10 Unemployment compensation. See instructions, page 9	10		
11 Total income. Add lines 8 through 10	11		
12 2000 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	12		
13 Standard deduction from the back of this form	13		
14 Add lines 12 and 13	14		
15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0-	15		
16 Tax from tables, pages 21 through 23	16		
17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$139	17		
18 Earned income credit. See instructions, page 10	18		
19 Working family credit. See instructions, page 10	19		
20 Child and dependent care credit. See instructions, page 10	20		
21 Other credits (see instructions). Identify _____	21		
22 Total credits. Add lines 17 through 21	22		
23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0-	23		
24 Oregon tax withheld from income. Attach your Form(s) W-2 and 1099	24		
25 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	25	REFUND	
26 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24	26	TAX-TO-PAY	

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	} These will reduce your refund
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 Other charity. Enter code ● _____	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	32	
33 Total donations. Add lines 27 through 32. Total can't be more than your refund on line 25		33	
34 NET REFUND. Line 25 minus line 33. This is your net refund		NET REFUND	34

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	→ _____ 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

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. Alberto and Anna are filing a joint return. Alberto is 70 years old and blind. Anna is 68. Their standard deduction is figured as follows:

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

Fill in your total standard deduction on Form 40S, line 13.

Make check or money order payable to **Oregon Department of Revenue.**
Write your Social Security number and **"2000 Form 40S"** on your payment.

Mail tax-to-pay returns to:

Oregon Department of Revenue
PO Box 14555
Salem OR 97309-0940

Mail refund and no tax due returns to:

Oregon Department of Revenue
PO Box 14700
Salem OR 97309-0930