



Oregon Individual Income Tax Return

2003

FULL-YEAR RESIDENTS ONLY

Form 40

W

For office use only	
Date received	
Fiscal year ending	

Last name		First name and initial		Social Security No. (SSN)		Birth year		For office use only																								
Spouse's last name if joint return		Spouse's first name and initial if joint return		Spouse's SSN, if joint return		Birth year																										
Current mailing address						Telephone number		2																								
City		State		ZIP code		If you filed a return last year, and this address is different, check here		3																								
Filing Status 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly 3 <input type="checkbox"/> Married filing separately Check only one box 4 <input type="checkbox"/> Head of household 5 <input type="checkbox"/> Qualifying widow(er) with dependent child				Exemptions <table border="1"> <thead> <tr> <th></th> <th>Regular</th> <th>Severely disabled</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>6a Yourself</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>6a <input type="text"/></td> </tr> <tr> <td>6b Spouse</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>b <input type="text"/></td> </tr> <tr> <td>6c All dependents</td> <td colspan="2">(First names)</td> <td>c <input type="text"/></td> </tr> <tr> <td>6d Child(ren) with a disability</td> <td colspan="2">(First names)</td> <td>d <input type="text"/></td> </tr> <tr> <td colspan="3">Total</td> <td>6e <input type="text"/></td> </tr> </tbody> </table>						Regular	Severely disabled	Total	6a Yourself	<input type="text"/>	<input type="text"/>	6a <input type="text"/>	6b Spouse	<input type="text"/>	<input type="text"/>	b <input type="text"/>	6c All dependents	(First names)		c <input type="text"/>	6d Child(ren) with a disability	(First names)		d <input type="text"/>	Total			6e <input type="text"/>
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7a 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			7b Check if you filed an extension... <input type="checkbox"/>		7c Check if you filed an Oregon Form 24 <input type="checkbox"/>																											

Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or TeleFile Tax Record. Do not attach federal schedules.

8 Federal adjusted gross income. Federal Form 1040, line 34; 1040A, line 21; 1040EZ, line 4; 1040NR, line 33; or TeleFile Tax Record, line I. See instructions 8 .00

ADDITIONS	9 Interest on state and local government bonds outside of Oregon	9	<input type="text"/>	.00
	10 Other additions. Identify	10	<input type="text"/>	.00
	11 Total additions. Add lines 9 and 10	11		.00
	12 Income after additions. Add lines 8 and 11	12		.00

SUBTRACTIONS	13 2003 federal tax liability (\$0-\$3,500; see instructions for the correct amount)	13	<input type="text"/>	.00
	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b ...	14	<input type="text"/>	.00
	15 Oregon income tax refund included in federal income	15	<input type="text"/>	.00
	16 Interest from U.S. government, such as Series EE and HH bonds	16	<input type="text"/>	.00
	17 Federal pension income (see instructions on page 28) _____ %	17	<input type="text"/>	.00
	18 Other subtractions. Identify	18	<input type="text"/>	.00
	19 Total subtractions. Add lines 13 through 18	19		.00
	20 Income after subtractions. Line 12 minus line 19	20		.00

DEDUCTIONS	If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.			
	21 Itemized deductions from Schedule A, line 28	21	<input type="text"/>	.00
	22 Special Oregon medical deduction (age restricted, see instructions, page 30)	22	<input type="text"/>	.00
	23 Total Oregon itemized deductions. Add lines 21 and 22	23	<input type="text"/>	.00
	24 State income tax claimed as an itemized deduction from Schedule A, line 5	24	<input type="text"/>	.00
	25 Net Oregon itemized deductions. Line 23 minus line 24	25	<input type="text"/>	.00
	OR			
	26 Standard deduction from page 31	26	<input type="text"/>	.00
27 Total deductions. Line 25 or line 26, whichever is larger	27		.00	
28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0-	28		.00	

