



Oregon Individual Income Tax Return

2003 FULL-YEAR RESIDENTS ONLY

Form 40S SHORT FORM

W**For office use only**

Date received

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 - - - -		1	
Current mailing address				Telephone number ()				2	
City		State		ZIP code		If you filed a return last year, and this address is different, check here <input type="checkbox"/>			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"> <tr> <td></td> <td>Regular</td> <td>Severely disabled</td> <td>Total</td> </tr> <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 (First names)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>c <input type="text"/></td> </tr> <tr> <td>6d Child(ren) with a disability (First names)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>d <input type="text"/></td> </tr> <tr> <td></td> <td></td> <td>Total</td> <td>6e <input type="text"/></td> </tr> </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)	<input type="text"/>	<input type="text"/>	c <input type="text"/>	6d Child(ren) with a disability (First names)	<input type="text"/>	<input type="text"/>	d <input type="text"/>			Total	6e <input type="text"/>
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7a Check if: You were: 65 or older Blind **Spouse was:** 65 or older Blind

7b Check if you filed an extension

7c If someone else can claim you as a dependent, check here

Staple W-2 wage slips here

8	Wages ... ●8a <input type="text"/> .00 plus unemployment ... ●8b <input type="text"/> .00 plus interest and dividends ●8c <input type="text"/> .00	8d	<input type="text"/>	.00
9	2003 federal tax liability (\$0-\$3,500; see instructions for the correct amount)	● 9	<input type="text"/>	.00	
10	Standard deduction from the back of this form	● 10	<input type="text"/>	.00	
11	Add lines 9 and 10	11	<input type="text"/>	.00	
12	Oregon taxable income. Line 8d minus line 11. If line 11 is more than line 8d, fill in -0-	● 12	<input type="text"/>	.00	
13	Tax from tables. See instructions, page 10	● 13	<input type="text"/>	.00	
14	Exemption credit. Multiply your total exemptions on line 6e by \$147	● 14	<input type="text"/>	.00	
15	Earned income credit. See instructions, page 10	● 15	<input type="text"/>	.00	
16	Child and dependent care credit. See instructions, page 10	● 16	<input type="text"/>	.00	
17	Total credits. Add lines 14 through 16	17	<input type="text"/>	.00	
18	Tax after credits. Line 13 minus line 17. If line 17 is more than line 13, fill in -0-	● 18	<input type="text"/>	.00	
19	Surcharge. See instructions, page 10	● 19	<input type="text"/>	.00	
20	Net income tax. Add lines 18 and 19	● 20	<input type="text"/>	.00	
21	Oregon income tax withheld. Attach your Form(s) W-2 and 1099	● 21	<input type="text"/>	.00	
22	Working family child care credit. Attach Schedule WFC , see page 21	● 22	<input type="text"/>	.00	
23	Total payments. Add lines 21 and 22	23	<input type="text"/>	.00	
24	Refund. If line 23 is more than line 20, you have a refund. Line 23 minus line 20	●	REFUND →	● 24	<input type="text"/>
25	Tax to pay. If line 20 is more than line 23, you have tax to pay. Line 20 minus line 23	●	TAX TO PAY →	● 25	<input type="text"/>
CHARITABLE CHECKOFFS					
26	Oregon Nongame Wildlife	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 26	<input type="text"/>	.00
27	Child Abuse Prevention	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 27	<input type="text"/>	.00
28	Alzheimer's Disease Research	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 28	<input type="text"/>	.00
29	Stop Domestic & Sexual Violence ..	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 29	<input type="text"/>	.00
30	AIDS/HIV Education and Services ..	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 30	<input type="text"/>	.00
31	Other charity. Enter code ●	<input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$	● 31	<input type="text"/>	.00
32	Total. Add lines 26 through 31. Total can't be more than your refund on line 24	32	<input type="text"/>	.00	
33	NET REFUND. Line 24 minus line 32. This is your net refund	NET REFUND →	33	<input type="text"/>	.00

These will reduce your refund

DIRECT DEPOSIT 34 For direct deposit of your refund, see the instructions on page 12. ● **Type of Account:** Checking or Savings

● Routing No. ● Account No.

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 X	Date	Signature of preparer other than taxpayer X	License No.
	Spouse's signature (if filing jointly, BOTH must sign) X	Date	Address	Telephone No.

How to figure your standard deduction

- **Standard deduction.** Unless you are claimed as a dependent, or are age 65 or older, or blind, your standard deduction is based on your filing status as follows:

Single	\$1,670
Married filing jointly	3,345
Married filing separately	
If spouse claims standard deduction	1,670
If spouse itemizes deductions	-0-
Head of household	2,695
Qualifying widow(er)	3,345

- **Standard deduction—Dependents.** If you can be claimed as a dependent on another person’s return, your standard deduction is limited to the larger of:
 - Your earned income plus \$250, but no more than the maximum allowed for your filing status, shown above, **OR**
 - \$750.

This limit applies even if the other person can, but does not, claim you as a dependent on his or her return. Use the worksheet on page 10 to calculate your standard deduction.

- **Standard deduction—Age 65 or older, or blind.** If you are age 65 or older, or blind, you are entitled to a larger standard deduction based on your filing status:

1. Are you: 65 or older? Blind? If claiming spouse’s exemption, is spouse: 65 or older? Blind?

2.	If your filing status is...	And the number of boxes checked above is...	Then your standard deduction is...		If your filing status is...	And the number of boxes checked above is...	Then your standard deduction is...
	Single	1 2	\$ 2,870 4,070		Married filing jointly	1 2 3 4	4,345 5,345 6,345 7,345
	Head of Household	1 2	3,895 5,095		Married filing separately	1 2 3 4	2,670 3,670 4,670 5,670
	Qualifying Widow(er)	1 2	4,345 5,345				

- **Standard deduction—Nonresident aliens.** The standard deduction for nonresident aliens is -0-.

Make your check or money order payable to the: **Oregon Department of Revenue.**
 Write your Social Security number and **“2003 Form 40S”** on your check or money order.
 Attach your payment to **Form RPC**—the payment coupon on page 37.

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
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