

Amended Return  **OREGON**  
Form **40** **INDIVIDUAL INCOME TAX RETURN**  
**Full-Year Residents Only**

**2006**

W

For office use only

Fiscal year ending

K F P Q R

Last name		First name and initial		Social Security No. (SSN)		Date of birth (mm/dd/yyyy)	
Spouse's last name if joint return		Spouse's first name and initial if joint return		Spouse's SSN if joint return		Date of birth (mm/dd/yyyy)	
Current mailing address		Telephone number					
City		State		ZIP code		Country	
						If you filed a return last year, and your name or address is different, check here <input type="checkbox"/>	

**Filing Status**

1  Single

2  Married filing jointly

3  Married filing separately Spouse's name \_\_\_\_\_ Spouse's SSN \_\_\_\_\_

4  Head of household Person who qualifies you \_\_\_\_\_

5  Qualifying widow(er) with dependent child

**Exemptions**

6a Yourself ....Regular	<input type="checkbox"/>	.....Severely disabled	<input type="checkbox"/>	.....6a	<input type="checkbox"/>	
6b Spouse.....Regular	<input type="checkbox"/>	.....Severely disabled	<input type="checkbox"/>	.....b	<input type="checkbox"/>	
6c All dependents First names				.....c	<input type="checkbox"/>	
6d Disabled children only (see instructions)				.....d	<input type="checkbox"/>	
<b>Total</b>					.....6e	<input type="checkbox"/>

Check all that apply ->	<b>7a</b> You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind	<b>7b</b> <input type="checkbox"/> You filed an extension	<b>7c</b> <input type="checkbox"/> You filed federal Form 8886	<b>7d</b> <input type="checkbox"/> You filed an Oregon Form 24	<b>7e</b> <input type="checkbox"/> If there is a kicker refund, you want to donate your kicker to the State School Fund
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8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10. See instructions, page 24 ..... ● 8  .00

**ADDITIONS**

9 Interest and dividends on state and local government bonds outside of Oregon... ● 9  .00

10 Other additions. Identify: ●10a  ●10b \$   
●10c  ●10d \$  ●10e  ●10f \$  ..... ● 10  .00

11 Total additions. Add lines 9 and 10 ..... ● 11  .00

12 Income after additions. Add lines 8 and 11 ..... ● 12  .00

**SUBTRACTIONS**

13 2006 federal tax liability (**\$0-\$5,000; see instructions** for the correct amount) ..... ● 13  .00

14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... ● 14  .00

15 Oregon income tax refund included in federal income..... ● 15  .00

16 Interest from U.S. government, such as Series EE, HH, and I bonds ..... ● 16  .00

17 Federal pension income. See instructions, page 26. 17a  % 17b  % ..... ● 17  .00

18 Other subtractions. Identify: ●18a  ●18b \$   
●18c  ●18d \$  ●18e  ●18f \$  ..... ● 18  .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 federal Schedule A, line 28 ..... ● 21  .00

22 Special Oregon medical deduction (age restricted, see instructions, page 28) ..... ● 22  .00

23 Total Oregon itemized deductions. Add lines 21 and 22 ..... ● 23  .00

24 State income tax claimed as an itemized deduction ..... ● 24  .00

25 Net Oregon itemized deductions. Line 23 minus line 24..... ● 25  .00

**OR**

26 Standard deduction from page 28 ..... ● 26  .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

**TAX**

29 Tax. See instructions, page 29. Enter tax here ..... ● 29  .00

Check if tax is from: 29a  Tax tables or charts or ● 29b  Form FIA-40 or ● 29c  Worksheet FCG

30 Interest on certain installment sales..... ● 30  .00

31 Total tax before credits. Add lines 29 and 30 ..... **OREGON TAX BEFORE CREDITS** ● 31  .00

	32	Total tax before credits from front of form, line 31.....	32		.00
<b>NONREFUNDABLE CREDITS</b>	33	<b>Exemption credit.</b> Multiply your total exemptions on line 6e by \$159..... ● 33		.00	} <b>ADD TOGETHER</b>
	34	Retirement income credit. See instructions, page 29..... ● 34		.00	
	35	Child and dependent care credit. See instructions, page 30..... ● 35		.00	
	36	Credit for the elderly or the disabled. See instructions, page 30..... ● 36		.00	
	37	Political contribution credit. See limits, page 31..... ● 37		.00	
<b>Attach proof</b>	38	Credit for income taxes paid to another state. State: ●38a <input type="text"/>	● 38	.00	}
	39	Other credits. Identify: ●39a <input type="text"/> ●39b \$ <input type="text"/> ●39c <input type="text"/> ●39d \$ <input type="text"/> ●39e <input type="text"/> ●39f \$ <input type="text"/>	● 39	.00	
	40	Total non-refundable credits. Add lines 33 through 39..... ● 40		.00	
	41	Net income tax. Line 32 minus line 40. If line 40 is more than line 32, fill in -0-..... ● 41		.00	

<b>PAYMENTS AND REFUNDABLE CREDITS</b>	42	Oregon income tax withheld. <b>Attach Form(s) W-2 and 1099</b> ..... ● 42		.00	} <b>ADD TOGETHER</b>
	43	Estimated tax payments for 2006. <b>Include payments made with your extension</b> ... ● 43		.00	
	44	Earned income credit. See instructions, page 33..... ● 44		.00	
	45	<b>Working family child care credit</b> from WFC, line 18..... ● 45		.00	
	46	Involuntary mobile home move credit (refundable). Attach Schedule MH..... ● 46		.00	
<b>Attach Schedule WFC if you claim this credit</b>	45	Number from WFC, line 5 ●45a <input type="text"/> Amount from WFC, line 16 ●45b \$ <input type="text"/>			
	47	Total payments and refundable credits. Add lines 42 through 46..... ● 47		.00	
	48	<b>Overpayment.</b> If line 41 is <b>less</b> than line 47, you overpaid. Line 47 minus line 41 .... <b>OVERPAYMENT</b> → ● 48		.00	
	49	<b>Tax to pay.</b> If line 41 is <b>more</b> than line 47, you have tax to pay. Line 41 minus line 47.... <b>TAX TO PAY</b> → ● 49		.00	
	50	Penalty and interest for filing or paying late. See instructions, page 33..... 50		.00	
	51	Interest on underpayment of estimated tax. <b>Attach Form 10 and check box</b> <input type="checkbox"/> ● 51		.00	
		Exception # from Form 10, line 1 ●51a <input type="text"/>			
	52	Total penalty and interest due. Add lines 50 and 51..... ● 52		.00	
	53	<b>Amount you owe.</b> Line 49 plus line 52..... <b>AMOUNT YOU OWE</b> → ● 53		.00	
	54	<b>Refund.</b> Is line 48 more than line 52? If so, line 48 minus line 52..... <b>REFUND</b> → ● 54		.00	

<b>CHARITABLE CHECKOFFS PAGE 12</b> <i>I want to donate part of my tax refund to the following fund(s)</i>	56	Oregon Nongame Wildlife..... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 56		.00	} <b>These will reduce your refund</b>
	57	Child Abuse Prevention..... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 57		.00	
	58	Alzheimer's Disease Research..... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 58		.00	
	59	Stop Domestic & Sexual Violence... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 59		.00	
	60	AIDS/HIV Education and Services ... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 60		.00	
	61	OR Military Financial Assistance..... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 61		.00	
	62	Other charity. <b>Code</b> ●62a <input type="text"/> ..... <input type="checkbox"/> \$1..... <input type="checkbox"/> \$5..... <input type="checkbox"/> \$10..... <input type="checkbox"/> Other \$..... ● 62		.00	
	63	Total. Add lines 55 through 62. Total can't be more than your refund on line 54..... ● 63		.00	
	64	<b>NET REFUND.</b> Line 54 minus line 63. This is your net refund..... <b>NET REFUND</b> → ● 64		.00	

**DIRECT DEPOSIT** 65 For direct deposit of your refund, see the instructions on page 34. ● **Type of Account:**  Checking or  Savings

● Routing No.        ● Account No.

**Important: Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.**

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

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.

If you owe, make your check or money order payable to the **Oregon Department of Revenue.** Write your daytime telephone number and **"2006 Oregon Form 40"** on your check or money order. **Attach your payment, along with the payment voucher** on page 11, to this return.

<p>Mail <b>TAX-TO-PAY</b> returns to</p> <p>Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940</p>	<p>Mail <b>REFUND</b> returns and <b>NO-TAX-DUE</b> returns to</p> <p>REFUND PO Box 14700 Salem OR 97309-0930</p>
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