

| | Federal column | Oregon column |
|--|----------------|--|
| 35 Amount from front of form, line 34 | 35 | 35 |
| SUBTRACTIONS | | |
| 36 Social Security from federal Form 1040, line 20b or Form 1040A, line 13b | ● 36 | 36 |
| 37 Other subtractions. Identify _____ | ● 37a | ● 37b |
| 38 Income after subtractions. Line 35 minus line 36 and 37 | 38a | ● 38b |
| 39 Oregon percentage. Line 38b divided by line 38a (not more than 100%) | % | → |
| 40 Amount from line 38a (federal amount) | | 40 |
| DEDUCTIONS AND MODIFICATIONS | | |
| 41 Itemized deductions from federal Schedule A , line 29 | ● 41 | } EITHER, NOT BOTH |
| 42 State income tax claimed as an itemized deduction. See instructions, page 28 | ● 42 | |
| 43 Net Oregon itemized deductions. Line 41 minus line 42 | 43 | |
| 44 Standard deduction from page 28 | 44 | |
| 45 1994 federal tax (\$0 – \$3,000, see instructions for the correct amount) | ● 45 | |
| 46 Other deductions and modifications. Identify _____ | ● 46 | |
| 47 Total. Add lines 44 through 46 or lines 43, 45, and 46 | | 47 |
| 48 Net amount. Line 40 minus line 47 | | ● 48 |
| OREGON TAX | | |
| 49 Tax on amount shown on line 48. See page 29 | 49 | |
| 50 Oregon income tax. Multiply line 49 by Oregon percentage from line 39 | ● 50 | } ADD TOGETHER |
| 51 Interest on certain installment sales | ● 51 | |
| 52 Total Oregon income tax. Add lines 50 and 51 | | 52 |
| CREDITS | | |
| 53 Exemption credit. Line 6e X \$116 X Oregon percentage from line 39 | 53 | } ADD TOGETHER |
| 54 Retirement income credit | ● 54 | |
| 55 Child and dependent care credit. See instructions, page 29 | ● 55 | |
| 56 Political contribution credit | ● 56 | |
| 57 Credit for income tax paid to another state. Attach proof | ● 57 | |
| 58 Other credits. Identify _____ | ● 58 | |
| 59 Total credits. Add lines 53 through 58 | | 59 |
| 60 Net income tax. Line 52 minus line 59. If line 59 is more than line 52 fill in -0- | | ● 60 |
| TAX PAYMENTS MADE IN 1994 | | |
| 61 Oregon income tax withheld from income. Attach W-2 and 1099R forms | ● 61 | } ADD TOGETHER |
| 62 Estimated tax payments for 1994 and payments made with your extension | ● 62 | |
| 63 Total payments. Add lines 61 and 62 | | 63 |
| 64 Overpayment. Is line 60 less than line 63? If so, line 63 minus line 60 | ● | OVERPAYMENT ● 64 |
| 65 Tax-to-pay. Is line 60 more than line 63? If so, line 60 minus line 63 | ● | TAX-TO-PAY ● 65 |
| 66 Penalty and interest for filing or paying late | ● 66 | |
| 67 Interest on estimated tax underpayment. If Form 10 is attached, check → <input type="checkbox"/> | ● 67 | |
| 68 Total penalty and interest due. Add lines 66 and 67 | | 68 |
| 69 Amount-you-owe. Add lines 65 and 68 | ● | AMOUNT-YOU-OWE 69 |
| 70 Refund. Is line 64 more than line 68? If so, line 64 minus line 68 | ● | REFUND 70 |
| 71 Estimated tax. Fill in the part of line 70 you want applied to your 1995 estimated tax | ● 71 | |
| I wish to donate part of my refund, line 70, to the following fund(s): | | |
| 72 Oregon Nongame Wildlife | ● 72 | } These will reduce your refund |
| 73 Child Abuse Prevention | ● 73 | |
| 74 Alzheimer's Disease Research | ● 74 | |
| 75 Stop Domestic & Sexual Violence | ● 75 | |
| 76 AIDS/HIV Education & Services | ● 76 | |
| 77 Total. Add lines 71 through 76. Total can't be more than the refund on line 70 | | 77 |
| 78 Net refund. Line 70 minus line 77. This is your net refund | | NET REFUND 78 |

Attach a copy of your federal Form 1040, 1040A, 1040EZ, or 1040PC

150-101-055 (Rev. 9-94)

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

| | | |
|----------------------|--|---|
| SIGN HERE | <div style="display: flex; justify-content: space-between;"> ➡ Your signature Date </div> | <div style="display: flex; justify-content: space-between;"> Signature of preparer other than taxpayer License No. </div> |
| | <div style="display: flex; justify-content: space-between;"> ➡ Spouse's signature (If filing jointly, BOTH must sign even if only one had income) Address </div> | |