

	Federal column		Oregon column
35 Amount from front of form, line 34			
SUBTRACTIONS			
36 Social Security included on line 19			
37 Other subtractions. Identify _____			
38 Total subtractions. Add lines 36 and 37			
39 Income after subtractions. Line 35 minus line 38			
40 Oregon percentage. Line 39b divided by line 39a (not more than 100%)			
DEDUCTIONS AND MODIFICATIONS			
41 Itemized deductions from federal Schedule A , line 28			} EITHER, NOT BOTH
42 State income tax claimed as itemized deduction. See instructions, page 15			
43 Net Oregon itemized deductions. Line 41 minus line 42			
44 Standard deduction from page 15			
45 1995 federal tax (\$0 – \$3,000, see instructions for the correct amount)			
46 Other deductions and modifications. Identify _____			
47 Combine lines 44 through 46 or lines 43, 45, and 46			
48 Allowable deductions and modifications. Line 47 X line 40			
49 Deductions and modifications NOT multiplied by the Oregon percentage. See page 16			
50 Total deductions and other modifications. Combine lines 48 and 49			
51 Net amount. Line 39b minus line 50			
OREGON TAX			
52 Tax on amount shown on line 51. See page 17			} ADD TOGETHER
53 Interest on certain installment sales			
54 TOTAL TAX. Add lines 52 and 53			
CREDITS			
55 Exemption credit. Line 6e X \$120 X Oregon percentage from line 40			} ADD TOGETHER
56 Retirement income credit			
57 Child and dependent care credit. See instructions, page 18			
58 Other credits. Identify _____			
59 Total credits. Add lines 55 through 58			
60 Net income tax. Line 54 minus line 59. If line 59 is more than line 54 fill in -0-			
TAX PAYMENTS MADE IN 1995			
61 Oregon income tax withheld from income. Attach W-2 and 1099R forms			} ADD TOGETHER
62 Estimated tax payments for 1995 and payments made with your extension			
63 Total payments. Add lines 61 and 62			
64 Overpayment. Is line 60 less than line 63? If so, line 63 minus line 60		OVERPAYMENT	
65 Tax-to-pay. Is line 60 more than line 63? If so, line 60 minus line 63		TAX-TO-PAY	
66 Penalty and interest for filing or paying late			
67 Interest on estimated tax underpayment. If Form 10 is attached, check <input type="checkbox"/>			
68 Total penalty and interest due. Add lines 66 and 67			
69 Amount-you-owe. Add lines 65 and 68. Stop here! AMOUNT-YOU-OWE			
70 Refund. Is line 64 more than line 68? If so, line 64 minus line 68 REFUND			
71 Estimated tax. Fill in the part of line 70 you want applied to your 1996 estimated tax			} These will reduce your refund
I wish to donate part of my refund, line 70, to the following fund(s):			
72 Oregon Nongame Wildlife <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
73 Child Abuse Prevention <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
74 Alzheimer's Disease Research <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
75 Stop Domestic & Sexual Violence <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
76 AIDS/HIV Education & Services <input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____			
77 Total. Add lines 71 through 76. Total can't be more than the refund on line 70			
78 Net refund. Line 70 minus line 77. This is your net refund NET REFUND			

Attach copy of federal Form 1040, 1040A, 1040EZ or 1040PC. Don't include Schedules A, B, C or 2441, etc.

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**

➔ _____ Date

 Spouse's signature (If filing jointly, BOTH must sign even if only one had income)

 Signature of preparer other than taxpayer License No. _____

 Address