

Form 40S
SHORT FORM

OREGON INDIVIDUAL INCOME TAX RETURN

1997

FULL-YEAR RESIDENTS ONLY

For office use only		
Date received		
Penalty date	Payment amount	
1	2	3

USE LABEL Otherwise, please print or type.	Last name _____		First name and initial _____		Social Security number (SSN) _____		Your age _____		
	Spouse's last name if different and joint return _____		Spouse's first name and initial if joint return _____		Spouse's SSN, if joint return _____		Spouse's age _____		
	Current mailing address _____ Place label here					Telephone number () _____			
	City _____		State _____	ZIP Code _____		Check if you filed an extension → <input type="checkbox"/>			

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions		Regular	Severely disabled	Total
	2 <input type="checkbox"/> Married filing jointly	6a Yourself	<input type="checkbox"/>	<input type="checkbox"/>	6a <input type="checkbox"/>	
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name)	6b Spouse	<input type="checkbox"/>	<input type="checkbox"/>	b <input type="checkbox"/>	
	4 <input type="checkbox"/> Head of household _____ (Spouse's Social Security number)	6c All dependents _____ (First names)	<input type="checkbox"/>	<input type="checkbox"/>	c <input type="checkbox"/>	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child	6d Disabled children only _____ (First names)	<input type="checkbox"/>	<input type="checkbox"/>	d <input type="checkbox"/>	
					e <input type="checkbox"/>	
						Total ●

7 Check if: 65 or older: You Spouse Blind: You Spouse If someone else can claim you as a dependent, check here →

Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, scholarships, and other pay for work	● 8	<input type="checkbox"/>	<input type="checkbox"/>
9 Interest: 9a _____ plus Dividends: 9b _____	● 9	<input type="checkbox"/>	<input type="checkbox"/>
10 Unemployment compensation. See instructions, page 9	● 10	<input type="checkbox"/>	<input type="checkbox"/>
11 Total income. Add lines 8 through 10	11	<input type="checkbox"/>	<input type="checkbox"/>
12 1997 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	● 12	<input type="checkbox"/>	<input type="checkbox"/>
13 Standard deduction on the back of this form	13	<input type="checkbox"/>	<input type="checkbox"/>
14 Add lines 12 and 13	14	<input type="checkbox"/>	<input type="checkbox"/>
15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0-	● 15	<input type="checkbox"/>	<input type="checkbox"/>
16 Tax from tables, pages 21 through 23	● 16	<input type="checkbox"/>	<input type="checkbox"/>
17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$128	17	<input type="checkbox"/>	<input type="checkbox"/>
18 Earned income credit. See instructions, page 9	● 18	<input type="checkbox"/>	<input type="checkbox"/>
19 Working family credit. See instructions, page 9	● 19	<input type="checkbox"/>	<input type="checkbox"/>
20 Child and dependent care credit. See instructions, page 10	● 20	<input type="checkbox"/>	<input type="checkbox"/>
21 Other credits (see instructions). Identify _____	● 21	<input type="checkbox"/>	<input type="checkbox"/>
22 Total credits. Add lines 17 through 21	22	<input type="checkbox"/>	<input type="checkbox"/>
23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0-	● 23	<input type="checkbox"/>	<input type="checkbox"/>
24 Oregon tax withheld from wages. Attach your W-2 wage slips	● 24	<input type="checkbox"/>	<input type="checkbox"/>
25 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24	● 25	<input type="checkbox"/>	<input type="checkbox"/>
26 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	● 26	<input type="checkbox"/>	<input type="checkbox"/>
I wish to donate part of my tax refund to the following fund(s):			
27 Oregon Nongame Wildlife	● 27	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	} These will reduce your refund
28 Child Abuse Prevention	● 28	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
29 Alzheimer's Disease Research	● 29	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
30 Stop Domestic & Sexual Violence	● 30	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
31 AIDS/HIV Education and Services	● 31	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	
32 Total donations. Add lines 27 through 31. Total can't be more than your refund on line 26	32	<input type="checkbox"/>	<input type="checkbox"/>
33 NET REFUND. Line 26 minus line 32. This is your net refund	NET REFUND 33	<input type="checkbox"/>	<input type="checkbox"/>

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	→ _____ Your signature	_____ Date	_____ Signature of preparer other than taxpayer	_____ License No.
	→ _____ Spouse's signature (If filing jointly, BOTH must sign even if only one had income)	_____ Address		

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

Make check or money order payable to **Oregon Department of Revenue**. Write your Social Security number and "1997 Form 40S" on your payment.

Your standard deduction for line 13, Form 40S

Generally, your standard deduction is based on your filing status as follows:

Single	\$1,800
Married filing jointly	3,000
Married filing separately	1,500
Head of household	2,640
Qualifying widow(er)	3,000

If you can be claimed as a dependent on another person's return, your standard deduction is limited to the greater of:

1. Your earned income, but no more than the maximum allowed for your filing status, as shown above, **or**
2. \$650

This limit applies even if the other person can, but does not, claim you as a dependent on his or her return.

Additional deduction:

You are allowed an additional deduction amount if you or your spouse are age 65 or older, or blind. The additional amount is based on your filing status:

Single or Head of household—	\$1,200
All others—	\$1,000

Example. Al and Amy Edwards are filing a joint return. Al is 70 years old and blind. Amy is 68. Their standard deduction is figured as follows:

Married filing jointly	\$3,000
Additional amount due to Al's age	1,000
Additional amount due to Amy's age	1,000
Additional amount due to Al's blindness	<u>1,000</u>
Total standard deduction	<u>\$6,000</u>

Fill in your total standard deduction on line 13, Form 40S.