

Amended Return

OREGON

2012

Form 40

INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

For office use only

Fiscal year ending

K F P J

W

Last name		First name and initial <input type="checkbox"/> Deceased		Social Security No. (SSN) - -		Date of birth (mm/dd/yyyy)																																					
Spouse's/RDP's last name if joint return		Spouse's/RDP's first name and initial if joint return <input type="checkbox"/> Deceased		Spouse's/RDP'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 <input type="checkbox"/> Single 2a <input type="checkbox"/> Married filing jointly 2b <input type="checkbox"/> Registered domestic partners (RDP) filing jointly 3a <input type="checkbox"/> Married filing separately: Spouse's name _____ Spouse's SSN _____ 3b <input type="checkbox"/> Registered domestic partner filing separately: Partner's name _____ Partner's SSN _____ 4 <input type="checkbox"/> Head of household: Person who qualifies you 5 <input type="checkbox"/> Qualifying widow(er) with dependent child				Exemptions <table border="0"> <tr> <td>6a Yourself</td> <td>..... Regular</td> <td><input type="checkbox"/></td> <td>..... Severely disabled</td> <td><input type="checkbox"/></td> <td>..... 6a</td> <td><input type="text"/></td> </tr> <tr> <td>6b Spouse/RDP</td> <td>..... Regular</td> <td><input type="checkbox"/></td> <td>..... Severely disabled</td> <td><input type="checkbox"/></td> <td>..... b</td> <td><input type="text"/></td> </tr> <tr> <td>6c All dependents</td> <td>First names</td> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>..... c</td> <td><input type="text"/></td> </tr> <tr> <td>6d Disabled children only</td> <td>First names</td> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>..... d</td> <td><input type="text"/></td> </tr> <tr> <td colspan="5"></td> <td>Total</td> <td>..... 6e</td> <td><input type="text"/></td> </tr> </table>				6a Yourself Regular	<input type="checkbox"/> Severely disabled	<input type="checkbox"/> 6a	<input type="text"/>	6b Spouse/RDP Regular	<input type="checkbox"/> Severely disabled	<input type="checkbox"/> b	<input type="text"/>	6c All dependents	First names			<input type="checkbox"/> c	<input type="text"/>	6d Disabled children only	First names			<input type="checkbox"/> d	<input type="text"/>						Total 6e	<input type="text"/>
6a Yourself Regular	<input type="checkbox"/> Severely disabled	<input type="checkbox"/> 6a	<input type="text"/>																																					
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					Total 6e	<input type="text"/>																																				
Check all that apply ->		7a You were: Spouse/RDP was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind		7b <input type="checkbox"/> You filed an extension		7c <input type="checkbox"/> You have federal Form 8886		7d <input type="checkbox"/> Someone else can claim you as a dependent																																			

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 ● 8 .00 **Round to the nearest dollar**

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon... ● 9	<input type="text"/>	<input type="text"/>	.00
	10 Other additions. Identify: ● 10x <input type="text"/> ● 10y \$ <input type="text"/> Schedule included 10z <input type="checkbox"/> ● 10	<input type="text"/>	<input type="text"/>	.00
	11 Total additions. Add lines 9 and 10			● 11 <input type="text"/> <input type="text"/> .00
	12 Income after additions. Add lines 8 and 11			● 12 <input type="text"/> <input type="text"/> .00

SUBTRACTIONS	13 2012 federal tax liability (\$0-\$6,100; see instructions for the correct amount)	● 13	<input type="text"/>	<input type="text"/>	.00
Include proof of withholding (W-2s, 1099s), payment, and payment voucher	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... ● 14		<input type="text"/>	<input type="text"/>	.00
	15 Oregon income tax refund included in federal income..... ● 15		<input type="text"/>	<input type="text"/>	.00
	16 Interest from U.S. government, such as Series EE, HH, and I bonds	● 16	<input type="text"/>	<input type="text"/>	.00
	17 Federal pension income. See instructions, page 15. 17a <input type="text"/> % 17b <input type="text"/> %	● 17	<input type="text"/>	<input type="text"/>	.00
	18 Other subtractions. Identify: ● 18x <input type="text"/> ● 18y \$ <input type="text"/> Schedule included 18z <input type="checkbox"/> ● 18		<input type="text"/>	<input type="text"/>	.00
	19 Total subtractions. Add lines 13 through 18			● 19 <input type="text"/> <input type="text"/> .00	
	20 Income after subtractions. Line 12 minus line 19			● 20 <input type="text"/> <input type="text"/> .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 29	● 21	<input type="text"/>	<input type="text"/>	.00
	22 Special Oregon medical deduction (age restricted, see instructions, page 17)	● 22	<input type="text"/>	<input type="text"/>	.00
	23 Total Oregon itemized deductions. Add lines 21 and 22	● 23	<input type="text"/>	<input type="text"/>	.00
	24 State income tax claimed as an itemized deduction	● 24	<input type="text"/>	<input type="text"/>	.00
	25 Net Oregon itemized deductions. Line 23 minus line 24	● 25	<input type="text"/>	<input type="text"/>	.00
	OR				
	26 Standard deduction from page 17	● 26	<input type="text"/>	<input type="text"/>	.00
	27 Total deductions. Line 25 or line 26, whichever is larger	● 27	<input type="text"/>	<input type="text"/>	.00
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0-	● 28	<input type="text"/>	<input type="text"/>	.00

TAX	29 Tax. See instructions, page 18. Enter tax here	● 29	<input type="text"/>	<input type="text"/>	.00
	Check if tax is from: 29a <input type="checkbox"/> Tax tables or charts or ● 29b <input type="checkbox"/> Form FIA-40 or ● 29c <input type="checkbox"/> Worksheet FCG				
	30 Interest on certain installment sales..... ● 30		<input type="text"/>	<input type="text"/>	.00
	31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS ● 31			<input type="text"/>	<input type="text"/> .00

32	Total tax before credits from front of form, line 31.....	32		.00
NONREFUNDABLE CREDITS				
33	Exemption credit. If the amount on line 8 is less than \$130,250, multiply your total exemptions on line 6e by \$183. Otherwise, see instructions on page 18.....	• 33		.00
34	Retirement income credit. See instructions, page 19.....	• 34		.00
35	Child and dependent care credit. See instructions, page 20.....	• 35		.00
36	Credit for the elderly or the disabled. See instructions, page 20.....	• 36		.00
37	Political contribution credit. See limits, page 23.....	• 37		.00
Include proof	38 Credit for income taxes paid to another state. State: • 38y <input type="text"/> Schedule included 38z <input type="checkbox"/>	• 38		.00
	39 Other credits. Identify: • 39x <input type="text"/> • 39y \$ <input type="text"/> Schedule included 39z <input type="checkbox"/>	• 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, enter -0-.....	• 41		.00

ADD TOGETHER

PAYMENTS AND REFUNDABLE CREDITS				
	42 Oregon income tax withheld. Include Form(s) W-2 and 1099	• 42		.00
	43 Estimated tax payments for 2012 and payments made with your extension.....	• 43		.00
	• 43a <input type="checkbox"/> Wolf depredation • 43b <input type="checkbox"/> Claim of right			
Include Schedule WFC if you claim this credit	44 Earned income credit. See instructions, page 24.....	• 44		.00
	45 Working family child care credit from WFC, line 18.....	• 45		.00
	46 Mobile home park closure credit. Include Schedule MPC.....	• 46		.00
	47 Total payments and refundable credits. Add lines 42 through 46.....	• 47		.00
	48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41 OVERPAYMENT →	• 48		.00
	49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47.... TAX TO PAY →	• 49		.00
	50 Penalty and interest for filing or paying late. See instructions, page 25.....	50		.00
	51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/>	• 51		.00
	Exception # from Form 10, line 1 • 51a <input type="text"/> Check box if you annualized • 51b <input type="checkbox"/>			
	52 Total penalty and interest due. Add lines 50 and 51.....	52		.00
	53 Amount you owe. Line 49 plus line 52..... AMOUNT YOU OWE →	• 53		.00
	54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52..... REFUND →	• 54		.00
	55 Estimated tax. Fill in the part of line 54 you want applied to 2013 estimated tax ...	• 55		.00

ADD TOGETHER

These will reduce your refund

CHARITABLE CHECKOFF DONATIONS, PAGE 26				
	Prevent Child Abuse • 56		.00	Alzheimer's Disease Research • 57
	Stop Dom. & Sexual Violence • 58		.00	Habitat for Humanity • 59
	OR Head Start Association • 60		.00	OR Military Financial Assist. • 61
	Oregon Historical Society • 62		.00	Oregon Food Bank • 63
	Albertina Kerr Kid's Crisis Care • 64		.00	American Red Cross • 65
	Charity code • 66a <input type="text"/> • 66b <input type="text"/>		.00	Charity code • 67a <input type="text"/> • 67b <input type="text"/>
See instructions	68 Political party \$3 checkoff. Party code: • 68a <input type="text"/> You • 68b <input type="text"/> Spouse/RDP.....	• 68		.00
	69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26.....	• 69		.00
	70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54.....	• 70		.00
	71 NET REFUND. Line 54 minus line 70. This is your net refund..... NET REFUND →	• 71		.00

DIRECT DEPOSIT	72 For direct deposit of your refund, see instructions, page 26.	• Type of account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
	• Routing No. <input type="text"/>	• Account No. <input type="text"/>
	Will this refund go to an account outside the United States? • <input type="checkbox"/> Yes	

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

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.			
Your signature	Date	Signature of preparer other than taxpayer	• License No.
X		X	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)	Date	Address	Telephone No.
X			

If you owe, make your check or money order payable to the Oregon Department of Revenue. Write your daytime telephone number and "2012 Oregon Form 40" on your check or money order. Include your payment, along with the payment voucher on page 19, with this return.

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