

Amended Return

Form

40S

OREGON

Individual Income Tax Return

2010

FULL-YEAR RESIDENTS ONLY

SHORT FORM

For office use only

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Last name	First name and initial ☐ 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 ☐ Deceased	Spouse's/RDP's SSN if joint return - -	Date of birth (mm/dd/yyyy)

Current mailing address	Telephone number ()
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City	State	ZIP code	Country	If you filed a return last year, and your name or address is different, check here ☐
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Filing Status 1 ☐ Single 2a ☐ Married filing jointly 2b ☐ Registered domestic partners (RDP) filing jointly 3a ☐ Married filing separately: Spouse's name _____ Spouse's SSN _____ 3b ☐ Registered domestic partner filing separately: Partner's name _____ Partner's SSN _____ 4 ☐ Head of household: Person who qualifies you 5 ☐ Qualifying widow(er) with dependent child	Exemptions <table border="1"> <tr> <td>6a Yourself Regular ☐</td> <td>..... Severely disabled ☐</td> <td>..... 6a ☐</td> </tr> <tr> <td>6b Spouse/RDP ... Regular ☐</td> <td>..... Severely disabled ☐</td> <td>..... b ☐</td> </tr> <tr> <td>6c All dependents First names _____</td> <td>..... c ☐</td> <td></td> </tr> <tr> <td>6d Disabled children only (see instructions)</td> <td>..... d ☐</td> <td></td> </tr> <tr> <td colspan="2">Total</td> <td>..... 6e ☐</td> </tr> </table>	6a Yourself Regular ☐	 Severely disabled ☐	 6a ☐	6b Spouse/RDP ... Regular ☐	 Severely disabled ☐	 b ☐	6c All dependents First names _____	 c ☐		6d Disabled children only (see instructions)	 d ☐		Total		 6e ☐
6a Yourself Regular ☐	 Severely disabled ☐	 6a ☐														
6b Spouse/RDP ... Regular ☐	 Severely disabled ☐	 b ☐														
6c All dependents First names _____	 c ☐															
6d Disabled children only (see instructions)	 d ☐															
Total		 6e ☐														

Check all that apply →	7a You were: ☐ 65 or older ☐ Blind Spouse/RDP was: ☐ 65 or older ☐ Blind	7b ☐ You filed an extension	7c ☐ You have federal Form 8886	7d ☐ Someone else can claim you as a dependent	7e ☐ If there is a kicker refund, I want to donate mine to the State School Fund
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8 Wages (enter in box 8a) + unemployment (enter in box 8b) + interest and dividends (enter in box 8c)	Round to the nearest dollar
• 8a .00 + • 8b .00 + • 8c .00 = TOTAL INCOME → • 8 .00	

9 2010 federal tax liability (\$0-\$5,850; see instructions for the correct amount)	• 9 .00
10 Standard deduction from the back of this form	• 10 .00

11 Add lines 9 and 10	• 11 .00
12 Oregon taxable income. Line 8 minus line 11. If line 11 is more than line 8, enter -0-	• 12 .00

13 Tax. See instructions, page 13. Enter tax from tax tables or charts here	• 13 .00
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14 Exemption credit. Multiply your total exemptions on line 6e by \$177	• 14 .00
15 Child and dependent care credit. See instructions, page 13	• 15 .00

16 Other credits. Identify: • 16a • 16b \$ • 16c • 16d \$ • 16 .00	
17 Total non-refundable credits. Add lines 14 through 16	• 17 .00

18 Net income tax. Line 13 minus line 17. If line 17 is more than line 13, enter -0-	• 18 .00
19 Oregon income tax withheld. Include your Form(s) W-2 and 1099	• 19 .00

20 Earned income credit. See instructions, page 14	• 20 .00	} ADD TOGETHER
21 Working family child care credit from WFC, line 18	• 21 .00	

22 Mobile home park closure credit. Include Schedule MPC	• 22 .00
23 Total payments and refundable credits. Add lines 19 through 22	• 23 .00

24 Refund. If line 23 is more than line 18, you have a refund. Line 23 minus line 18	REFUND → • 24 .00
25 Tax to pay. If line 18 is more than line 23, you have tax to pay. Line 18 minus line 23	TAX TO PAY → • 25 .00

CHARITABLE CHECKOFF DONATIONS, PAGE 14 Oregon Nongame Wildlife • 26 .00 The Nature Conservancy • 28 .00 Oregon Humane Society • 30 .00 Oregon Veterans' Home • 32 .00 Oregon Lions Sight & Hearing • 34 .00 Special Olympics Oregon • 36 .00 Charity code • 38a • 38b .00	St. Vincent de Paul Society • 27 .00 Doernbecher Children's Hospital • 29 .00 The Salvation Army • 31 .00 Planned Parenthood of Oregon • 33 .00 Shriners Hospitals for Children • 35 .00 Susan G. Komen for the Cure • 37 .00 Charity code • 39a • 39b .00	} These will reduce your refund
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40 Total. Add lines 26 through 39. Total can't be more than your refund on line 24	• 40 .00
41 NET REFUND. Line 24 minus line 40. This is your net refund	NET REFUND → • 41 .00

42 For direct deposit of your refund, see instructions, page 30.	• Type of Account: ☐ Checking or ☐ Savings
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• Routing No.	• Account No.
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Will this refund go to an account outside the United States? • ☐ Yes

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

- **Standard deduction.** Unless you are claimed as a dependent, or are age 65 or older, or blind, your standard deduction is based on your filing status as follows:

Single.....	\$1,950
Married/RDP filing jointly.....	3,900
Married/RDP filing separately	
<i>If spouse/RDP claims standard deduction</i>	1,950
<i>If spouse/RDP claims itemized deductions</i>	-0-
Head of household.....	3,140
Qualifying widow(er).....	3,900

- **Standard deduction—Dependents.** If you can be claimed as a dependent on another person's return, your standard deduction is limited to the larger of:

- Your earned income plus \$300, up to the maximum allowed for your filing status, shown above, **or**
- \$950.

This limit applies even if you can be, but are **not**, claimed as a dependent on another person's return. See the standard deduction worksheet for single dependents on page 13, or contact us if you are a married/RDP dependent.

- **Standard deduction—Age 65 or older, or blind.** If you are age 65 or older, or blind, you are entitled to a larger standard deduction based on your filing status:

- Are you: ☐ 65 or older? ☐ Blind?

If claiming spouse's/RDP's exemption, is your spouse/RDP: ☐ 65 or older? ☐ Blind?

2.	If your filing status is...	And the number of boxes checked in step 1 above is...	Then your standard deduction is...	If your filing status is...	And the number of boxes checked in step 1 above is...	Then your standard deduction is...
	Single	1 2	\$3,150 4,350	Married/RDP filing separately	1 2 3 4	\$2,950 3,950 4,950 5,950
	Married/RDP filing jointly	1 2 3 4	4,900 5,900 6,900 7,900	Head of household	1 2	4,340 5,540
				Qualifying widow(er)	1 2	4,900 5,900

- **Standard deduction—Nonresident aliens.** The standard deduction for nonresident aliens, as defined by federal law, is -0-.

If you owe, make your check or money order payable to the **Oregon Department of Revenue**.
Write your daytime telephone number and "2010 Oregon Form 40S" on your check or money order.
Include your payment, along with the payment voucher on page 29, with this return.

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