

Amended Return **OREGON** **2008** W
Form 40 **INDIVIDUAL INCOME TAX RETURN**
Full-Year Residents Only

For office use only

Fiscal year ending K F P J

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

<p>Filing Status</p> <p>1 <input type="checkbox"/> Single</p> <p>2a <input type="checkbox"/> Married filing jointly</p> <p>2b <input type="checkbox"/> Registered domestic partners (RDP) filing jointly</p> <p>3a <input type="checkbox"/> Married filing separately: Spouse's name _____ Spouse's SSN _____</p> <p>3b <input type="checkbox"/> Registered domestic partner filing separately: Partner's name _____ Partner's SSN _____</p> <p>4 <input type="checkbox"/> Head of household: Person who qualifies you _____</p> <p>5 <input type="checkbox"/> Qualifying widow(er) with dependent child</p>	<p>Exemptions</p> <table style="width: 100%;"> <tr> <td>6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>6a</td> <td style="text-align: right;">Total</td> </tr> <tr> <td>6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>b</td> <td></td> </tr> <tr> <td>6c All dependents First names _____ ● c</td> <td></td> </tr> <tr> <td>6d Disabled children only (see instructions) _____ ● d</td> <td></td> </tr> <tr> <td>Total ● 6e</td> <td></td> </tr> </table>	6a Yourself Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>6a	Total	6b Spouse/RDP ... Regular <input type="checkbox"/> Severely disabled <input type="checkbox"/>b		6c All dependents First names _____ ● c		6d Disabled children only (see instructions) _____ ● d		Total ● 6e	
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Total ● 6e											

Check all that apply →	<p>7a ● <input type="checkbox"/> You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind</p> <p>Spouse/RDP was: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind</p>	<p>7b ● <input type="checkbox"/> You filed an extension</p>	<p>7c ● <input type="checkbox"/> You have federal Form 8886, REIT, or RIC</p>	<p>7d <input type="checkbox"/> You filed Oregon Form 24</p>	<p>7e ● <input type="checkbox"/> If there is a kicker refund, I want to donate mine to the State School Fund</p>
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8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10. See instructions, page 19 ● 8 **Round to the nearest dollar**

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

SUBTRACTIONS	13 2008 federal tax liability (\$0-\$5,600; see instructions for the correct amount) ● 13	.00	
Staple proof of withholding (W-2s, 1099s), payment, and payment voucher here	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... ● 14	.00	
	15 Oregon income tax refund included in federal income..... ● 15	.00	
	16 Interest from U.S. government, such as Series EE, HH, and I bonds ● 16	.00	
	17 Federal pension income. See instructions, page 21. 17a <input type="checkbox"/> % 17b <input type="checkbox"/> % ● 17	.00	
	18 Other subtractions. Identify: ● 18x <input type="checkbox"/> ● 18y \$ <input type="checkbox"/> Schedule attached 18z <input type="checkbox"/> ● 18	.00	
	19 Total subtractions. Add lines 13 through 18 ● 19	.00	
	20 Income after subtractions. Line 12 minus line 19 ● 20	.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	.00	
	22 Special Oregon medical deduction (age restricted, see instructions, page 27) ● 22	.00	
	23 Total Oregon itemized deductions. Add lines 21 and 22 ● 23	.00	
	24 State income tax or sales tax claimed as an itemized deduction ● 24	.00	
	25 Net Oregon itemized deductions. Line 23 minus line 24..... ● 25	.00	} Either line 25 or 26
	OR		
	26 Standard deduction from page 27 ● 26	.00	
	27 Total deductions. Line 25 or line 26, whichever is larger ● 27	.00	
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- ● 28	.00	

TAX	29 Tax. See instructions, page 28. Enter tax here ● 29	.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	.00	
	31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS ● 31	.00	

