A a al a .al	Date						F	orm							
Amended Return			Ol	出三	GON				Foi	offic	e use	e use only			
00		A INDIVIDI			ME TAX RE	THE		5 U A							
<b>20</b>		INDIVIDU	JAL I	NCO	WIE IAA RE	IURI									
		Full-	Yea	r Res	sidents Or	nlv	Fiscal y	ear ending		Κ	F	Р	J		
Last name						,	0 :	10 '1 N	(001)			-	lata of b	inth (/	-1-1/
Last name			First	name an	ia miliai			I Security No	). (SSN)			٦٢	Date of t	oirth <i>(mm/</i>	aa/yyyy)
Spouse's/RDP's	last na	ame if joint return	Spou	se's/RDI	P's first name and i		nt return Spou	se's/RDP's S	SN if io	int retu	rn		ate of h	oirth (mm/	dd/www)
Species of the s	idot ric	ano ii joint roturii	Орос	00 0/1 101	o mot namo ana i		Deceased	<b>-</b>	<b>–</b>	iii iota		٦		211 CT (771177)	uu,yyyy,
Current mailing a	addres	S					Deceaseu		Telepho	one nur	nber				
									(		)				
City			:	State	ZIP code		Country		If vou	filed a	retur	n last	vear. a	and your	
														check he	
●Filing 1	Singl	e					Exemptions								
Status 2a	_	ied filing jointly					xompaone		•				•		Total
Check 2b	- ·	stered domestic partners (	(RDP) fi	ling joint	tly	6a Yourself.	ar	Severely disable				6a			
only 3a _ one		ied filing separately:		C==	wasia CCN	6b Spouse/l						b			
box 3b	- ·	se's namestered domestic partner fil	lina sep		use's SSN		6c All deper	•			,			5 ● C	
	_	er's name		-	ner's SSN		6d Disabled		iames						
4 _	ī .	of household: Person who	•	,			children o	only	iairies				To	otal ●6e	
5 L	] Qual	ifying widow(er) with depe	endent c		- DV	T	(see instr	· · · · · ·	e	Г					
Check 7a all that You	were	: ☐ 65 or older	r □Bli		● You filed an	/c ●∟	You have federal	7d You	ı filed egon						
		RDP was: 65 or older		- 1	extension		Form 8886	1	m 24						
	8 F	ederal adjusted gross	incom	e. Fede	eral Form 1040,	line 37;	1040A, line 21	; 1040EZ, I	line 4;		R	ound	to the	neares	t dollar
		1040NR, line 35; or 104	40NR-E	ΞΖ, line	10. See instruc	tions, pa	ige 15					. 8			.00
ADDITIONS	9 I	nterest and dividends	on stat	e and I	ocal governmer	nt bonds	outside of Or	egon ●	9			.00			
	10 (	Other additions. Identify: • 1	10x	<b></b> •10	y\$	Sche	dule included 1	0z □ • 10	o			.00			
	11	Γotal additions. Add lin	es 9 ai	nd 10								• 11			.00
	12 I	ncome after additions.	Add li	nes 8 a	and 11							• 12			.00
													1		
SUBTRACTIONS	13 2	2009 federal tax liability	y ( <b>\$0-</b> \$	5,850;	see instruction	s for the	e correct amou	unt) ● 1	3			.00			
Include	14 \$	Social Security included	d on fe	deral Fo	orm 1040, line 20	Ob; or Fo	orm 1040A, line	e 14b ● 1	4			.00			
proof of withholding	15 (	Oregon income tax refu	und inc	luded i	in federal incom	e		• 1	5			.00			
(W-2s,	16 I	nterest from U.S. gove	ernmen	t, such	as Series EE, H	IH, a <u>nd I</u>	bonds	• 10	6			.00			
1099s),	17 F	ederal pension income	e. S <u>ee</u>	instruc								.00			
payment, and payment	18 (	Other subtractions. Identify:	18x	●18	3y \$	Sche	edule included 18	8z 🗆 ● 18	8			.00			
voucher	19	Total subtractions. Add	lines	13 thro	ugh 18							• 19			.00
	20 I	ncome after subtractio	ns. Lir	ne 12 m	ninus line 19							• 20			.00
DEDUCTIONS		u are claiming itemize								dedu	ction		7	26 only.	
		temized deductions fro			· ·							.00	-		
		Special Oregon medica										.00			
		Total Oregon itemized										.00	-		
			ales tax claimed as an itemized ded							.00					
	25 1	-	eductio	ictions. Line 23 <b>minus</b> line 24				● 25 _				.00	<u></u>	<b></b>	·
		OR											) Eith	er line 2	5 or 26
		Standard deduction fro										.00	1)		
		Total deductions. Line											1		.00
	28 (	Oregon taxable incom	<b>ne.</b> Line	e 20 mi	nus line 27. If lir	ne 27 is i	more than line	20, enter -	0			• 28			.00
		<b>.</b>		:								00			
TAX		Γax. See instructions, p								ادراب	o+ FO	00.			
		Check if tax is from: 29								rksne	et FC				
		nterest on certain insta						● 30		- 005	DITO	.00			.00
	.5.1	LOTAL TAX DETORE CREDITS	: AUU	ines ソレ	4 200 3U		OKF(i	UNIDXK	()KF	. v.ĸ⊢		- 31	1		1.00

	32	Total tax before credits from front of form, line 31					32			.00			
NONREFUNDABLE	33	Exemption credit. If the amount on line 8 is less than	\$125,050, multiply your										
CREDITS		total exemptions on line 6e by \$176. Otherwise, see in	structions on page 24	● 3	3		.00	<b>\</b>					
	34	Retirement income credit. See instructions, page 25			.00	ADD TOGETH							
	35	Child and dependent care credit. See instructions, page	55		.00								
		Credit for the elderly or the disabled. See instructions,			.00								
		Political contribution credit. See limits, page 26			.00								
Include proof		Credit for income taxes paid to another state. State: ● 38y	8		.00								
·	39	Other credits. Identify: ●39x ●39y \$	Schedule included 39z	□ • 3	9		.00	J					
	40	Total non-refundable credits. Add lines 33 through 39.	<del></del>				. • 40			.00			
	41	1 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0 41								.00			
PAYMENTS AND REFUNDABLE CREDITS	42	P. Oregon income tax withheld. Include Form(s) W-2 and 1099 ● 42											
	43	Estimated tax payments for 2009 and payments made v	3		.00	ADD TOGETHE							
Include Schedule	44	Earned income credit. See instructions, page 27	4		.00								
WFC if you claim	45	Working family child care credit from WFC, line 18	.5		.00								
this credit	46	Mobile home park closure credit. Include Schedule MF	°C	• 4	6		.00	o   J					
	47	Total payments and refundable credits. Add lines 42 th	rough 46				. ● 47			.00			
	48	Overpayment. If line 41 is less than line 47, you overp	aid. Line 47 minus line 4	41 <b>C</b>	VERP	AYMENT->	- ● 48			.00			
	49	Tax to pay. If line 41 is more than line 47, you have tax	to pay. Line 41 minus I	ine 47	<mark>TA</mark>	(TO PAY →	• 49			.00			
	50	Penalty and interest for filing or paying late. See instruc	ctions, page 28	5	50		.00						
	51	Interest on underpayment of estimated tax. Include Fo	orm 10 and check box	□• 5	51		.00						
		Exception # from Form 10, line 1 ● 51a Check b	-										
		Total penalty and interest due. Add lines 50 and 51								.00			
		Amount you owe. Line 49 plus line 52								.00			
	54	Refund. Is line 48 more than line 52? If so, line 48 mine	us line 52			REFUND →				.00			
	55	Estimated tax. Fill in the part of line 54 you want applie	ed to <b>2010</b> estimated tax	< ● 5	55		.00	)					
CHARITABLE		Oregon Nongame Wildlife ● 56 .00	St. Vincent de Paul Soc	iety • 5	57		.00						
CHECKOFF			Doernbecher Children's Hosp	pital • 5	59		.00						
DONATIONS, PAGE 14		Oregon Humane Society ● 60 .00	The Salvation A	rmy ● 6	31		.00		e will				
I want to donate		Oregon Veterans' Home ● 62 .00	Planned Parenthood of Ore	gon ● 6	3		.00	7		luce			
part of my tax			Shriners Hospitals for Child	dren ● 6	35		.00	your refund					
refund to the		Special Olympics Oregon ● 66 .00	Susan G. Komen for the C	Cure ● 6	67		.00						
following fund(s)		Charity code ●68a ●68b .00	Charity code ●69a	●69	)b		.00	J					
See instructions	70	Political party \$3 checkoff. Party code: ●70a You	70b Spouse/RDP	● 7	'0 <u> </u>		.00	<u> </u>					
	71	Total. Add lines 55 through 70. Total can't be more that	n your refund on line 54				.• 71			.00			
	72	NET REFUND. Line 54 minus line 71. This is your net	efund		NET I	REFUND →	• 72			.00			
							_						
DIRECT DEPOSIT	73	For direct deposit of your refund, see instructions, pag	e 29.	• 7	Гуре о	f Account:	Che	eckin	g <b>or</b>				
	• R	outing No. • Acco	ount No.						T				
		Will this refund go to an account outside the United St	ates? ● ☐ Yes		•			•					
Impor	tan	t: Include a copy of your federal Form		0405	7 1		or 1	040	NID	<b>E</b> 7			
ППРОГ	ıaıı	i. Include a copy of your rederait office	1040, 1040/4, 1	0401	_ <b>_</b> _, ı	O <del>T</del> OINI 1,	01 1	040	1411-	LL.			
	for	alse swearing, I declare that the information in this retu											
Your signature		Date	Signature of preparer	other t	nan tax	payer	• Lice	nse N	0.				
X			X				<u> </u>						
	signa	ture (if filing jointly, BOTH must sign) Date	Address			Telephone	e No.						
	-												
X													
		ou owe, make your check or money order p											
Write your daytime telephone number and "2009 Oregon Form 40" on your check or money order.  Include your payment, along with the payment voucher on page 29, with this return.													
		include your payment, along with the pay	ment voucher on p	age 2	29, W	th this ret	urn.						
Mail Oregon Department of Revenue Mail <b>REFUND</b> returns REFUND													
TAX-TO-PAY PO Box 14555 and NO-TAX-DUE PO Box 14700													
l ro	turr	s to Salem OR 97309-0940		retu	rns to	o Saler	n OF	₹ 973	309-0	)930			