

Oregon resident: From mm / dd / yyyy To mm / dd / yyyy		Fiscal year ending	K	F	P	J
Last name		First name and initial	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	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"/>		
<b>Filing Status</b> 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		<b>Exemptions</b> 6a Yourself ..... Regular <input type="checkbox"/> ..... Severely disabled <input type="checkbox"/> ..... 6a <input type="text"/> Total 6b Spouse/RDP ... Regular <input type="checkbox"/> ..... Severely disabled <input type="checkbox"/> ..... b <input type="text"/> 6c All dependents: First names _____ • c <input type="text"/> 6d Disabled children only (see instructions) _____ • d <input type="text"/> Total • 6e <input type="text"/>				
Check all that apply →	7a <input type="checkbox"/> You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Spouse/RDP was: <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"/> You filed Oregon Form 24		

			Federal column (F)		Oregon column (S)	
<b>INCOME</b>	8 Wages, salaries, and other pay for work. <b>Include all Forms W-2</b> .....	8F	.00	• 8S	.00	
	9 Taxable interest income from federal Form 1040, line 8a.....	9F	.00	• 9S	.00	
	10 Dividend income from federal Form 1040, line 9a.....	10F	.00	• 10S	.00	
	11 State and local income tax refunds from federal Form 1040, line 10.....	11F	.00	• 11S	.00	
	12 Alimony received from federal Form 1040, line 11 .....	12F	.00	• 12S	.00	
	13 Business income or loss from federal Form 1040, line 12.....	13F	.00	• 13S	.00	
	14 Capital gain or loss from federal Form 1040, line 13 .....	14F	.00	• 14S	.00	
	15 Other gains or losses from federal Form 1040, line 14 .....	15F	.00	• 15S	.00	
	16 IRA distributions from federal Form 1040, line 15b .....	16F	.00	• 16S	.00	
	17 Pensions and annuities from federal Form 1040, line 16b.....	17F	.00	• 17S	.00	
	18 Rents, royalties, partnerships, etc., from federal Form 1040, line 17 .....	18F	.00	• 18S	.00	
19 Farm income or loss from federal Form 1040, line 18 .....	19F	.00	• 19S	.00		
20 Unemployment and other income from federal Form 1040, lines 19 through 21 ...	20F	.00	• 20S	.00		
21 Total income. Add lines 8 through 20 .....	• 21F	.00	• 21S	.00		
<b>ADJUSTMENTS TO INCOME</b>	22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32.....	22F	.00	• 22S	.00	
	23 Education deductions from federal Form 1040, lines 23, 33, and 34 .....	23F	.00	• 23S	.00	
	24 Moving expenses from federal Form 1040, line 26.....	24F	.00	• 24S	.00	
	25 Deduction for self-employment tax from federal Form 1040, line 27 .....	25F	.00	• 25S	.00	
	26 Self-employed health insurance deduction from federal Form 1040, line 29 .....	26F	.00	• 26S	.00	
	27 Alimony paid from federal Form 1040, line 31a .....	27F	.00	• 27S	.00	
	28 Other adjustments to income. Identify: • 28x <input type="checkbox"/> • 28y \$ <input type="text"/> Schedule 28z <input type="checkbox"/> • 28F	• 28F	.00	• 28S	.00	
	29 Total adjustments to income. Add lines 22 through 28 .....	• 29F	.00	• 29S	.00	
	30 Income after adjustments. Line 21 minus line 29 .....	• 30F	.00	• 30S	.00	
	<b>ADDITIONS</b>	31 Interest on state and local government bonds outside of Oregon .....	• 31F	.00	• 31S	.00
32 Federal election on interest and dividends of a minor child .....		• 32F	.00	• 32S	.00	
33 Other additions. Identify: • 33x <input type="checkbox"/> • 33y \$ <input type="text"/> Schedule included 33z <input type="checkbox"/> .....		• 33F	.00	• 33S	.00	
34 Total additions. Add lines 31 through 33 .....		• 34F	.00	• 34S	.00	
35 Income after additions. Add lines 30 and 34 .....	• 35F	.00	• 35S	.00		
<b>SUBTRACTIONS</b>	36 Social Security and tier 1 Railroad Retirement Board benefits included on line 20F ...	• 36F	.00			
	37 Other subtractions. Identify: • 37x <input type="checkbox"/> • 37y \$ <input type="text"/> Schedule included 37z <input type="checkbox"/> • 37F	• 37F	.00	• 37S	.00	
	38 Income after subtractions. Line 35 minus lines 36 and 37 .....	• 38F	.00	• 38S	.00	
	39 Oregon percentage. Line 38S ÷ line 38F (not more than 100.0%) • 39 <input type="text"/> %	• 39				

▲ Carry this ▲ amount to line 40

	40 Amount from front of form, line 38S ( <b>Oregon amount</b> ).....	40	.00			
<b>DEDUCTIONS AND MODIFICATIONS</b>	41 Itemized deductions from federal Schedule A, line 29..... ● 41	.00	}	<b>EITHER, NOT BOTH</b>		
	42 State income tax claimed as itemized deduction..... ● 42	.00				
	43 Net Oregon itemized deductions. Line 41 minus line 42..... ● 43	.00				
	44 Standard deduction from page 25..... ● 44	.00				
	45 2011 federal tax liability ( <b>\$0-\$5,950; see instructions</b> for the correct amount).... ● 45	.00				
	46 Other deductions and modifications. Identify: ●46x <input type="checkbox"/> ●46y \$ <input type="text"/> Schedule 46z <input type="checkbox"/> ● 46	.00				
	47 Deductions and modifications X Oregon percentage. See page 26..... ● 47	.00				
	48 Deductions and modifications <b>not</b> multiplied by the Oregon percentage. See page 27 ● 48	.00				
49 Total deductions and other modifications. Add lines 47 and 48..... ● 49	.00					
50 Oregon taxable income. Line 40 minus line 49..... ● 50	.00					
<b>OREGON TAX</b>	51 <b>Tax.</b> See page 27 for instructions. Enter tax here..... ● 51	.00				
	Check if tax is from: 51a <input type="checkbox"/> Tax charts or ● 51b <input type="checkbox"/> Form FIA-40N or ● 51c <input type="checkbox"/> Worksheet FCG					
	52 Interest on certain installment sales..... ● 52	.00				
53 Total tax before credits. Add lines 51 and 52.....	OREGON TAX →	● 53	.00			
<b>NONREFUNDABLE CREDITS</b> <small>Include proof →</small>	54 <b>Exemption credit.</b> See instructions, page 28..... ● 54	.00	}	<b>ADD TOGETHER</b>		
	55 Credit for income taxes paid to another state. State: ●55y <input type="checkbox"/> Schedule 55z <input type="checkbox"/> ● 55	.00				
	56 Other credits. Identify: ● 56x <input type="checkbox"/> ●56y \$ <input type="text"/> Schedule included 56z <input type="checkbox"/> ● 56	.00				
	57 Total non-refundable credits. Add lines 54 through 56..... ● 57	.00				
58 Net income tax. Line 53 minus line 57. If line 57 is more than line 53, enter -0-..... ● 58	.00					
<b>PAYMENTS AND REFUNDABLE CREDITS</b>  <small>Include Schedule WFC-N/P if you claim this credit</small>	59 Oregon income tax withheld from income. <b>Include Forms W-2 and 1099</b> ..... ● 59	.00	}	<b>ADD TOGETHER</b>		
	60 Estimated tax payments for 2011 and payments made with your extension..... ● 60	.00				
	61 Tax withheld from pass-through entity and real estate transactions..... ● 61	.00				
	62 Earned income credit. See instructions, page 33..... ● 62	.00				
	63 <b>Working family child care credit</b> from WFC-N/P, line 21..... ● 63	.00				
	64 Mobile home park closure credit. Include Schedule MPC..... ● 64	.00				
	65 Total payments and refundable credits. Add lines 59 through 64..... ● 65	.00				
	66 <b>Overpayment.</b> Is line 58 <b>less</b> than line 65? If so, line 65 minus line 58..... <b>OVERPAYMENT →</b> ● 66	.00				
	67 <b>Tax to pay.</b> Is line 58 <b>more</b> than line 65? If so, line 58 minus line 65..... <b>TAX TO PAY →</b> ● 67	.00				
	68 Penalty and interest for filing or paying late. See instructions, page 34..... ● 68	.00				
69 Interest on underpayment of estimated tax. <b>Include Form 10 and check box</b> <input type="checkbox"/> ... ● 69	.00	}	<b>ADD TOGETHER</b>			
	Exception # from Form 10, line 1 ●69a <input type="checkbox"/> Check box if you annualized ●69b <input type="checkbox"/>					
70 Total penalty and interest due. Add lines 68 and 69..... ● 70	.00					
71 <b>Amount you owe.</b> Line 67 plus line 70..... <b>AMOUNT YOU OWE →</b> ● 71	.00					
72 <b>Refund.</b> Is line 66 more than line 70? If so, line 66 minus line 70..... <b>REFUND →</b> ● 72	.00					
<b>CHARITABLE CHECKOFF DONATIONS, PAGE 35</b>  <small>I want to donate part of my tax refund to the following fund(s)</small>	73 <b>Estimated tax.</b> Fill in the part of line 72 you want applied to <b>2012</b> estimated tax ● 73	.00	}	<b>These will reduce your refund</b>		
	Oregon Nongame Wildlife ● 74	.00			Prevent Child Abuse ● 75	.00
	Alzheimer's Disease Research ● 76	.00			Stop Dom. & Sexual Violence ● 77	.00
	AIDS/HIV Education & Svcs. ● 78	.00			Habitat for Humanity ● 79	.00
	OR Head Start Association ● 80	.00			OR Military Financial Assist. ● 81	.00
	Oregon Historical Society ● 82	.00			Oregon Food Bank ● 83	.00
	Albertina Kerr Centers ● 84	.00			American Red Cross ● 85	.00
	Charity code ●86a <input type="checkbox"/> ●86b <input type="checkbox"/>	.00			Charity code ●87a <input type="checkbox"/> ●87b <input type="checkbox"/>	.00
	88 Total. Add lines 73 through 87. Total can't be more than your refund on line 72..... ● 88	.00				
	89 <b>NET REFUND.</b> Line 72 minus line 88. This is your net refund..... <b>NET REFUND →</b> ● 89	.00				

**DIRECT DEPOSIT** 90 For direct deposit of your refund, see instructions, page 35. ● **Type of account:**  Checking or  Savings

● Routing No.  ● Account No.

Will this refund go to an account outside the United States? ●  Yes

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

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			