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Oregon reside	ent:		mm /	dd	/ y	ууу То	mm	dd /	·	уууу	Fi	scal year ending	1	K	F	P J				
Last name					Fir	st name and	l initial					Social Security N	o. (SSN)			Dat	e of bir	rth <i>(mm/d</i>	d/yyyy)	
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Spouse's/RDP's	last r	name if joir	nt return		Sp	ouse's/RDP'	s first n	ame an	d initial i T	if joint retu	ırn	Spouse's/RDP's	SSN IT JOI	nt retu	ırn	Dat	e of bi	rth <i>(mm/de</i>	d/yyyy)	
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●Filing 1	Sing	ale				ı	1			Exer	mp	tions	ļ							
Status 2a	Mar	ried filing j	, ,										•				•		Total	
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one		use's name	•	ıy.		Spouse's SSN					6b Spouse/RDPRegular						db			
box 3b	Reg	istered do	mestic p	artner	filing s	separately:				6c	6c All dependents First name			nes				• c		
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4 ∐ 5 □		ad of house alifying wid				-					children only (see instructions)						Total ● 6e			
		,	(0.)		7a		•)		•	ì	7b ● You	70	•	You h	ave	7d	☐ You fi	iled	
Check	all that apply →				You v			=	or older	Blind	1	filed an				federal		Oregon		
					Spou	se/RDP w	as: L	∫65 or	older	Blind	<u> </u>	extensi			Form		0	Form		
		10/			-41					14/ 0		0.5	Federa	ai COII		• 85	_	gon colu	.00	
INCOME												8F				_ ● 88			.00	
												9F				●10S	_		.00	
															●115			.00		
																●12S			.00	
Include proof		B Business income or loss from federal Form 1040, line 12												●13S			.00			
of withholding															●14S			.00		
(W-2s, 1099s), payment,		Other gains or losses from federal Form 1040, line 14													●15S			.00		
and	16	3 IRA distributions from federal Form 1040, line 15b										16F			.00	●169	S		.00	
payment voucher	17	Pensions and annuities from federal Form 1040, line 16b									17F			.00	_0178	S		.00		
	18	Rents, royalties, partnerships, etc., from federal Form 1040,							40, line 1	7	18F				● 189			.00		
	19	Farm income or loss from federal Form 1040, line 18									19F			.00	● 198	s <u> </u>		.00		
	20	Unemplo	oyment	and o	ther in	come fron	n feder	al Forr	m 1040), lines 19	th ?	rough 21 20F				● 208			.00	
												• 21F				●218			.00	
ADJUSTMENTS TO INCOME												nd 32 22F				● 225			.00	
								,	,	*		23F				<u>-235</u>			.00	
		_										24F				● 245			.00	
												25F ine 29 26F				0255 0265			.00	
			,								•	20F 27F				●27S			.00	
	28	•	•			tify: ●28x		•28y\$				dule 28z □ • 28F				●28S			.00	
	29	•				-						• 29F				•29S			.00	
			•					•				• 30F				•305			.00	
ADDITIONS												• 31F				●315	+		.00	
												• 32F				●325			.00	
SUBTRACTIONS	33	Other add				• 33)						33z □ ● 33F				_ •335			.00	
	34	Total ad	ditions.	Add I	ines 3	1 through	33					• 34F			.00	●348	3		.00	
												● 35F			.00	●355	8		.00	
	36	Social Se	ecurity a	nd tier	r 1 Rail			Board b	enefits	included	on	line 20F● 36F			.00	┥				
		Other subt		-			37y \$					ed 37z □ • 37F				● 375			.00	
												• 38F			00.	●385		0	.00	
	39	Oregon	percen	tage.	Line 3	38S ÷ line 3	38F (no	ot more	e than '	100.0%)	•3	9%)				A (Carry th	IS A	

amount to line 40

	40	Amount from front of form, line 38S (Oregon amount)			40		.00
DEDUCTIONS AND MODIFICATIONS		Itemized deductions from federal Schedule A, line 29		.00)		
		State income tax claimed as itemized deduction		.00	}		
		Net Oregon itemized deductions. Line 41 minus line 42		.00		EITHER,	
		Standard deduction from page 25		.00		NOT BOTH	
		2012 federal tax liability (\$0-\$6,100 ; see instructions for the co		.00	J		
		Other deductions and modifications. Identify: ●46x ●46y \$	Schedule 46z □ ● 46	.00			
		Deductions and modifications X Oregon percentage. See page		.00			
		Deductions and modifications not multiplied by the Oregon percent		.00			
		Total deductions and other modifications. Add lines 47 and 48			40		.00
	50	Oregon taxable income. Line 40 minus line 49			- 1		.00
OREGON		Tax. See page 27 for instructions. Enter tax here		.00	U 50 [1.00
TAX	51	Check if tax is from: 51a ☐ Tax charts or • 51b ☐ Form FIA					
	52	Interest on certain installment sales		.00			
		Total tax before credits. Add lines 51 and 52	_		5 3		.00
NONREELINDARI E		Exemption credit. See instructions, page 28		00.	<u> </u>		1.00
		Credit for income taxes paid to another state. State: •55y		.00	L AI	DD TOGETHI	ER
Include proof			dule included 56z $\square \bullet$ 56	.00			
		Total non-refundable credits. Add lines 54 through 56	<u> </u>		ر • 57 م		.00
		Net income tax. Line 53 minus line 57. If line 57 is more than li			• 58		.00
DAVMENTS AND		Oregon income tax withheld from income. Include Forms W- :		.00)		1.00
REFUNDABLE		<u> </u>		.00			
CREDITS	00	Estimated tax payments for 2012 and payments made with you ●60a □ Wolf depredation ●60b □ Claim of right	our exterision ♥ 60 _	1.00			
	61	Tax payments from pass-through entity and real estate transactions	otions • 61	.00	Ţ		
		. ,		.00	Δ Ι	OD TOGETHI	FR
Include Schedule WFC-N/P if you		Earned income credit. See instructions, page 34		.00	^.	JD TOGETTI	
claim this credit		Working family child care credit from WFC-N/P, line 21		.00			
ĺ		Mobile home park closure credit. Include Schedule MPC) • 65 [.00
		Total payments and refundable credits. Add lines 59 through 6					.00
		Overpayment. Is line 58 less than line 65? If so, line 65 minus					.00
		Tax to pay. Is line 58 more than line 65? If so, line 58 minus li		.00	• 67 []		1.00
		Penalty and interest for filing or paying late. See instructions, plantage and appropriate for the paying late.	-	.00	ADI	D TOGETHE	R
	69	Interest on underpayment of estimated tax. Include Form 10 and		.00	J		
	70	Exception # from Form 10, line 1 •69a Check box if you			70		.00
		Total penalty and interest due. Add lines 68 and 69					.00
		Amount you owe. Line 67 plus line 70					.00
		Refund. Is line 66 more than line 70? If so, line 66 minus line 7		.00	12[00
CHARITABLE CHECKOFF	73	Estimated tax. Fill in the part of line 72 you want applied to 20° Prevent Child Abuse • 74 O Alzheimer'		.00	1		
		00	s Disease Research ● 75	.00			
DONATIONS, PAGE 35		00	abitat for Humanity ● 77	.00	l	These will	
I want to donate part of my tax refund to the following fund(s)		00	ary Financial Assist. • 79	.00	>.	reduce	
		90	Oregon Food Bank • 81	.00	1,	your refund	
			merican Red Cross • 83	.00			
ronowing rand(o)		, , , , , , , , , , , , , , , , , , , ,		.00	J		
		Total Oregon 529 College Savings Plan deposits. See instructi	· -	<u> </u>	[.00
		Total. Add lines 73 through 86. Total can't be more than your					.00
	88	NET REFUND. Line 72 minus line 87. This is your net refund.		NET REFUND	● 88 [1.00
DIRECT	20	For direct deposit of your refund and instructions, page 25	A Time		Shool:		
DEPOSIT		For direct deposit of your refund, see instructions, page 35.	■ Type	e of account: 🗌 (Пескі	ing or ⊔ S	avings
	• к	outing No. Account No.					
		Will this refund go to an account outside the United States?	⊔ Yes				
		Importants Include a convent your foderal For	m 1040 10404 1040	E7 or 1040ND			
Lindor nanali.	for	Important: Include a copy of your federal For			•		
Your signature	ior 1	alse swearing, I declare that the information in this return is tru Date Sic	e, correct, and complete. Inature of preparer other than		Licona	e No	
Tour signature			gnature of preparet other that	ι ια∧ραγ ο ι	Licens	C INU.	
X		X	dress	Telephone N	lo.		
	signa	tture (if filling jointly, BOTH must sign) Date	G1 000	ielepilone N			
V		-					
Χ							- 1