Amended I		urn 🗌			OI	REG	10	V		_									
Form Individua						Income Tax Return 2013							For office use only						
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TU	<u> </u>	•		FC)K N	IONRES	SIDE	NIS											
Oregon reside	ent:	From	mm /	dd	у /	ууу То	mm	dd /	у /	ууу	Fis	scal year ending		K	F	Р) (i	\overline{W}	
Last name		-			Fir	st name and	d initial	/		'		Social Security No	o. (SSN)			Dat	te of birth (i	mm/dc	d/yyyy)
Spouse's/RDP's	lact r	namo if ioi	at roturn		- Sn	ouse's/RDP	e firet n	amo and	l initial is	Deceas		Spouse's/RDP's S	- SSN if ioin	t rotu	rn	Do	te of birth (mm/de	<u></u>
opouse s/Tibi s	iasti	iarrie ii joii	it return		Sp	ouse s/ (D)	3 11131 11	arrie arr		i				it i etu	'''	Da	te or birtir (iiiii/uc	<i>IIyyyy)</i>
Current mailing a	ddre	99							L	Deceas	ed		Telephor	ne nur	mher				
Curront maning a	aaro	00											())				
City						State	ZIP c	ZIP code		Coun	Country		If you fi	led a	return	rear, and y	our/		
																	rent, chec		re 🗌
●Filing 1 🗌	Sing	gle								Exer	npti	ions							
Status 2a		ried filing	jointly										•				•		Total
Check 2b	_	•			s (RDP) filing jointly	/			6a	Υου	ırselfRegul	lar	S	everely	disable	Ч	6a [
only 3a 🔝		Married filing separately: Spouse's name Spouse's SSN																	
box 3b	•		filing s	separately:					6b Spouse/RDPRegular L 6c All dependents First name			•				• c			
		ner's name .					er's SSN			6d	6d Disabled First name			nes			• d		
4 ∐ 5 □	Head of household: Person who Qualifying widow(er) with depe										children only (see instructions)						Total ● 6e		
<u> </u>	Qua	alliyirig wic	iow(er) w	/itii de	7a	it Criliu	_	,		•	ì	7b ● You	70	•□	You h	2VA	7d 🗆 `	You fi	امط
Check	all th	nat apply	→		You v	vere:] 65 or	older	Blind		filed an	10	_	federa		_	Orego	
					Spou	se/RDP w	as:	65 or	older	Blind		extension			Form			Form	
													Federal	colu	_ ` '		Oregon	colu	T
INCOME												8F				• 89			.00
												9F			_	99			.00
		*													● 108			.00	
	11	,														●118 ●128			.00
Include proof		•													•128			.00	
of withholding		Business income or loss from federal Form 1040, line 12													●148			.00	
(W-2s, 1099s),		5 Other gains or losses from federal Form 1040, line 14														●158			.00
payment, and		5 IRA distributions from federal Form 1040, line 15b													●168			.00	
payment voucher		Pensions and annuities from federal Form 1040, line 16b														●17S			.00
Vouchei		Rents, royalties, partnerships, etc., from federal Form 1040,													●188			.00	
		Farm income or loss from federal Form 1040, line 18											.00 •19S			3		.00	
	20	Unemplo	oyment	and c	ther in	ncome fror	n fedei	ral Forn	n 1040	, lines 19	thr	ough 21 20F			.00		3		.00
	21	Total inc	ome. A	dd lin	es 8 t	hrough 20						● 21F			.00	●218	3		.00
ADJUSTMENTS TO INCOME	22	IRA or S	EP and	SIMF	PLE co	ontributions	s, fede	ral Forr	m 1040), lines 28	B an	nd 32 22F			.00	● 228	3		.00
								,	,	,		23F							.00
		_										24F				• 248			.00
												25F							.00
			,								,	ne 29 26F				● 269			.00
		•	•			-orm 1040 tify: ●28x		1a ●28y\$				27F ule 28z □ • 28F				●279 ●289			.00
	28 29	•				-			20			• 29F				203 ●293			.00
			•					•				• 30F				●30S			.00
ADDITIONS												• 31F				•318			.00
סווועבו												• 32F				•329			.00
	33	Other add				•33						33z □ • 33F				•338			.00
SUBTRACTIONS															●345			.00	
						_						● 35F				●358			.00
	36	Social Se	ecurity a	ınd tie	r 1 Rai	Iroad Retire	ment E	Board b	enefits	included	on l	ine 20F● 36F			.00	┥			
		Other sub					37y \$					d 37z□ • 37F				_ ●378			.00
												● 38F			.00	●388			.00
	39	Oregon	percer	ntage.	Line 3	38S ÷ line	38F (no	ot more	than 1	100.0%)	● 39	9%	b				▲ Car	ry thi	is A

amount to line 40

	40	Amount from front of form, line 38S (Oregon amount)			40		.00			
DEDUCTIONS AND	41	Itemized deductions from federal Schedule A, line 29	● 41	.00)					
		State income tax claimed as itemized deduction		.00	}					
MODIFICATIONS	43	Net Oregon itemized deductions. Line 41 minus line 42	● 43	.00	J,	EITHER,				
	44	Standard deduction from page 26	● 44	.00	}	NOT BOTH				
	45	2013 federal tax liability (\$0-\$6,250; see instructions for the continuous for the contin	correct amount) ● 45	.00	,					
	46	Other deductions and modifications. Identify: ●46x ■ ●46y \$	Schedule 46z □ ● 46	.00						
	47	Deductions and modifications X Oregon percentage. See pag-	e 26 ● 47	.00						
	48	Deductions and modifications not multiplied by the Oregon percen	ntage. See page 29 ● 48	.00						
	49	Total deductions and other modifications. Add lines 47 and 48	3		• 49		.00			
	50	Oregon taxable income. Line 40 minus line 49			● 50		.00			
OREGON	51	Tax. See page 29 for instructions. Enter tax here	● 51	.00						
TAX		Check if tax is from: 51a ☐ Tax charts or • 51b ☐ Form FIA	A-40N or ● 51c 🗌 Wo	rksheet FCG						
	52	Interest on certain installment sales		.00	ı					
	53	Total tax before credits. Add lines 51 and 52		OREGON TAX-➤	53		.00			
NONREFUNDABLE	54	Exemption credit. See instructions, page 30	● 54	.00]					
CREDITS		Credit for income taxes paid to another state. State: ●55y		.00	\rangle Al	DD TOGETHI	≣R			
			dule included 56z □ • 56	.00	J,					
		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 li	ine 53, enter -0		● 58		.00			
	59	Oregon income tax withheld from income. Include Forms W-	2 and 1099 ● 59	.00)					
REFUNDABLE CREDITS	60	Estimated tax payments for 2013 and payments made with yo	our extension ● 60	.00						
		●60a ☐ Wolf depredation ●60b ☐ Claim of right	1							
	61	Tax payments from pass-through entity and real estate transaction	ctions ● 61	.00	>					
Include Schedule	62	Earned income credit. See instructions, page 32	● 62	.00	Al	DD TOGETHI	ER .			
WFC-N/P if you	63	Working family child care credit from WFC-N/P, line 21	● 63	.00						
claim this credit	64	Mobile home park closure credit. Include Schedule MPC	● 64	.00	Ι,					
	65	Total payments and refundable credits. Add lines 59 through 6					.00			
	66	Overpayment. Is line 58 less than line 65? If so, line 65 minus	s line 58	VERPAYMENT -	66		.00			
	67	Tax to pay. Is line 58 more than line 65? If so, line 58 minus li	ine 65	TAX TO PAY->	• 67		.00			
	68	Penalty and interest for filing or paying late. See instructions,	page 33 68	.00	AD	D TOGETHE	R			
	69	Interest on underpayment of estimated tax. Include Form 10 and check box □ ● 69								
		Exception # from Form 10, line 1 ●69a Check box if you	u annualized ●69b 🗆							
		Total penalty and interest due. Add lines 68 and 69					.00			
		Amount you owe. Line 67 plus line 70					.00			
	72	Refund. Is line 66 more than line 70? If so, line 66 minus line 7	70		• 72		.00			
	73	Estimated tax. Fill in the part of line 72 you want applied to 20		.00)					
CHARITABLE CHECKOFF			on Coast Aquarium ● 75	.00						
DONATIONS,		SMART ● 76 .00	SOLV ● 77	.00		These will				
PAGE 34		· -	t DePaul Soc. of OR ● 79	.00	>	reduce				
I want to donate part of my tax refund to the following fund(s)		, ,	The Salvation Army ● 81	.00	(!	your refund				
			gon Veteran's Home ● 83	.00						
		Charity code ●84a ●84b .00 Charity co	ode ●85a ●85b	.00						
	86	Total Oregon 529 College Savings Plan deposits. See instruction	ions, page 34 ● 86	.00	ر ا					
		Total. Add lines 73 through 86. Total can't be more than your			● 87		.00			
	88	NET REFUND. Line 72 minus line 87. This is your net refund.		NET REFUND	88 		.00			
DIRECT	00	Fau diverse described and an incharged and an incharged and an analysis of the second and a second a second and a second a	. T.		Na a a la					
DEPOSIT		For direct deposit of your refund, see instructions, page 34.		pe of account: 🗌 (neck	ing or □ S	avings			
	• K	outing No Account No. Will this refund go to an account outside the United States?								
		will this return go to an account outside the United States?	□ 169							
		Important: Include a copy of your federal For	m 1040 1040A 104	10F7 or 1040NR						
Under penalty	for t	alse swearing, I declare that the information in this return is tru			-					
Your signature	'		Signature of preparer other than taxpayer • Preparer license no.							
		X			-					
X		Ad	Idress	Telephone n	0.					
Spouse's/RDP's	signa	ture (if filing jointly, BOTH must sign) Date								
X		-								