

FORM
40X

**OREGON AMENDED
INDIVIDUAL INCOME
TAX RETURN**

For Office Use Only			
Original return number		Date received	
Code	Tax	P&I	Payment Amount

Check if amending to change from married filing separate to filing joint. **FOR TAX YEAR** _____

Last name		First name and initial		Social Security number (SSN)		Date of Birth (mm/dd/yyyy)	
Spouse's last name, if different and joint return		Spouse's first name and initial, if joint return		Spouse's SSN if joint return		Spouse's Date of Birth (mm/dd/yyyy)	
Current mailing address							
City			State	ZIP code		Telephone number ()	

INCOME AND DEDUCTIONS
(Please read instructions)

	A. As Originally Reported or as Adjusted (see specific inst.)	B. Net Change (increase or decrease) (explain on the back)	C. Correct Amount
1. Income.....	1		
2. Additions (Form 40 only)	2		
3. Federal tax liability (Form 40S only).....	3		
4. Subtractions (Form 40 only)	4		
5. Deductions (standard deduction or itemized deductions)	5		
6. Oregon taxable income	6		

TAX AND CREDITS

7. TAX.....	7		
8. Interest on certain installment sales.....	8		
9. TOTAL OREGON TAX (add lines 7 and 8).....	9		
10. Exemption credit (see instructions)	10		
11. Other credits (do not include working family credit for tax year 2003 and later)	11		
12. Total credits (add lines 10 and 11) (the total can't be more than amount on line 9).....	12		
13. Net income tax (line 9 minus line 12)	13		

PAYMENTS

14. Kicker—if applicable (see instructions)	14		
15. Oregon income tax withheld.....	15		
16. Working family child care credit for tax year 2003 and later	16		
17. Estimated tax payment(s) for the tax year and payments made with extension requests	17		
18. Amount paid with original return and any later payment(s) for the tax year (include only TAX paid—see instructions)....	18		
19. Total payments (add lines 14 through 18)	19		
20. Income tax refunds received (including working family child care credit and kicker refund)	20		
21. Net payments (line 19 minus line 20)	21		

REFUND OR BALANCE DUE

22. Refund. If line 21 is more than line 13C, you overpaid. Line 21 minus line 13C.....	22	
23. Amount of refund on line 22 you want applied to your 200__ estimated tax.....	23	
24. NET REFUND. Line 22 minus line 23. Enter the amount of line 22 you want refunded to you.....	24	
25. Additional tax to pay. If line 13C is more than line 21, you have tax to pay. Line 13C minus line 21	25	
26. Interest on additional tax to pay (see instructions)	26	
27. AMOUNT YOU OWE. Add lines 25 and 26. Pay in full with this return	27	

Amended returns may take six months or longer to process.

28. Explanation of adjustments made — Show the computations in detail. Attach applicable schedules.

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.		<input type="checkbox"/> I authorize the Department of Revenue to contact this preparer about the processing of this return.	
SIGN	Your signature X	Date	Signature of preparer other than taxpayer X
HERE	Spouse's signature (if filing jointly, BOTH must sign) X	Date	Address Telephone No.

Important: Attach a copy of your federal Form 1040X if you also amended your federal return. See page 4 of the instructions for additional items you may need to attach.

Make check or money order payable to: **Oregon Department of Revenue**. Write your daytime telephone number and the year you are amending on your payment. For example, **“2002 Amended.”**

Mail TAX-TO-PAY returns to Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Mail REFUND returns and NO-TAX-DUE returns to REFUND PO Box 14700 Salem OR 97309-0930
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