Amended Return **OREGON** Form Individual Income Tax Return 2012 For office use only FOR PART-YEAR RESIDENTS Fiscal year ending dd mm mm VVVV F Ρ K J From To Date of birth (mm/dd/yyyy) Last name First name and initial Social Security No. (SSN) Deceased Spouse's/RDP's SSN if joint return Spouse's/RDP's last name if joint return Spouse's/RDP's first name and initial if joint return Date of birth (mm/dd/yyyy) Deceased 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 Filing 1 Single **Exemptions Status** Married filing jointly Total Check 2b Registered domestic partners (RDP) filing jointly ..6a 6a YourselfRegular Severely disabled only Married filing separately: one Spouse's name Spouse's SSN 6b Spouse/RDP ... Regular . Severely disabled 3b Registered domestic partner filing separately: 6c All dependents First names C Partner's name Partner's SSN 6d Disabled First names Head of household: Person who qualifies you children only Total ● 6e Qualifying widow(er) with dependent child (see instructions) 7c ● You have **7b** ● You 7d You filed 65 or older Blind You were: Check all that apply → filed an federal Oregon Spouse/RDP was: 65 or older Form 8886 Blind extension Form 24 Federal column (F) Oregon column (S) .00 **s** 8S .00 INCOME 8 Wages, salaries, and other pay for work. Include all Forms W-2..... 8F 9 Taxable interest income from federal Form 1040, line 8a..... .00 e 9s .00 .00 e10S .00 .00 e11s .00 .00 | 128 .00 Include .00 | 138 .00 proof of .00 | •148 .00 withholding .00 e15S .00 (W-2s, 1099s). .00 e16S .00 payment. .00 e17S .00 and payment .00 .00 | 188 voucher .00 e19S .00 .00 20 Unemployment and other income from federal Form 1040, lines 19 through 21 ... 20F .00 le20S .00 e21S .00 21 Total income. Add lines 8 through 20 • 21F .00 **ADJUSTMENTS** .00 ●22S 22 IRA or SEP and SIMPLE contributions, federal Form 1040, lines 28 and 32....... 22F TO INCOME .00 | •238 .00 .00 .00 e24S .00 | •258 .00 26 Self-employed health insurance deduction from federal Form 1040, line 29 26F .00 le26S .00 .00 e27S .00 .00 | 285 .00 ●28y \$ Schedule 28z □ • 28F Other adjustments to income. Identify: ●28x .00 .00 | •298 Income after adjustments. Line 21 minus line 29 ● 30F .00 o30S .00 .00 **ADDITIONS** .00 |•31S .00 | •328 .00 Federal election on interest and dividends of a minor child ● 32F .00 .00 **●**33S Other additions. Identify: ●33x ● 33y |\$ Schedule included 33z □..... • 33F .00 .00 Total additions. Add lines 31 through 33 ● 34F ●34S 35 Income after additions. Add lines 30 and 34..... ● 35F .00 .00 ●35S SUBTRACTIONS 36 Social Security and tier 1 Railroad Retirement Board benefits included on line 20F.. ● 36F .00 .00 37 Other subtractions. Identify: ●37x ●37y \$ Schedule included 37z □ • 37F .00 e37S .00 | •385 .00 38 Income after subtractions. Line 35 minus lines 36 and 37 • 38F

39 **Oregon percentage.** Line 38S ÷ line 38F (not more than 100.0%) ●39

▲ Carry this ▲ amount to line 40

	40	Amount from front of form, line 38F (federal amount)	40	.00
DEDUCTIONS AND MODIFICATIONS	41	Itemized deductions from federal Schedule A, line 29● 41	.00	
	42	State income tax claimed as itemized deduction • 42	.00	
		Net Oregon itemized deductions. Line 41 minus line 42 ● 43	.00	EITHER,
		Standard deduction from page 25	.00	NOT BOTH
		2012 federal tax liability (\$0-\$6,100 ; see instructions for the correct amount) ● 45	.00	
		Other deductions and modifications. Identify: ●46x ■ 46y \$ Schedule 46z ■ 46	.00	
		Add lines 43, 45, and 46 if itemizing. Otherwise, add lines 44, 45, and 46	• 47	.00
		Taxable income. Line 40 minus line 47		
OREGON	49	Tax from tax charts. 49a ☐ See instructions, page 27 49 .00		
TAX		Oregon income tax. Line 49 X Oregon percentage from line 39, or● 50	.00	
		Check if tax is from: ● 50a ☐ Form FIA-40P or ● 50b ☐ Worksheet FCG		
	51	Interest on certain installment sales • 51	.00	
	52	Total tax before credits. Add lines 50 and 51	OREGON TAX→ • 52	.00
NONREFUNDABLE		Exemption credit. See instructions, page 28 • 53	.00	
CREDITS		Child and dependent care credit. See instructions, page 28 • 54	.00	DD TOCETHED
INCLUDE PROOF		Credit for income taxes paid to another state. State: ●55y Schedule 55z □ ● 55	.00	DD TOGETHER
•		Other credits. Identify: ● 56x ● 56y \$ Schedule included 56z □ ● 56	.00	
		Total non-refundable credits. Add lines 53 through 56	• 57	.00
		Net income tax. Line 52 minus line 57. If line 57 is more than line 52, enter -0-		
PAYMENTS AND REFUNDABLE CREDITS		Oregon income tax withheld from income. Include Forms W-2 and 1099 ● 59	.00)	
	60	Estimated tax payments for 2012 and payments made with your extension • 60	.00	
		●60a ☐ Wolf depredation ●60b ☐ Claim of right		
	61	Tax payments from pass-through entity and real estate transactions● 61	.00 }	
Include Schedule WFC-N/P if you claim this credit		Earned income credit. See instructions, page 34 62	.00 A	DD TOGETHER
	63	Working family child care credit 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
		Overpayment. Is line 58 less than line 65? If so, line 65 minus line 58		
		Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65		1 1
	68	Penalty and interest for filing or paying late. See instructions, page 34	.00	DD TOGETHER
	69	Interest on underpayment of estimated tax. Include Form 10 and check box □ ● 69	.00	D TOGETHER
		Exception # from Form 10, line 1 ● 69a Check box if you annualized ● 69b □		
		Total penalty and interest due. Add lines 68 and 69		
	71	Amount you owe. Line 67 plus line 70	UNT YOU OWE→ • 71	.00
		Refund. Is line 66 more than line 70? If so, line 66 minus line 70		
	73	Estimated tax. Fill in the part of line 72 you want applied to 2013 estimated tax ● 73	(00.	
CHARITABLE CHECKOFF DONATIONS, PAGE 35 I want to donate part of my tax		Prevent Child Abuse ● 74 .00 Alzheimer's Disease Research ● 75	.00	
		Stop Dom. & Sexual Violence ● 76 .00 Habitat for Humanity ● 77	.00	These will
		OR Head Start Association ● 78 .00 OR Military Financial Assist. ● 79	.00	reduce
		Oregon Historical Society ● 80 .00 Oregon Food Bank ● 81	.00	your refund
refund to the		Albertina Kerr Kid's Crisis Care ● 82 .00 American Red Cross ● 83	.00	
following fund(s)		Charity code ●84a ●84b .00 Charity code ●85a ●85b	.00	
	86	Total Oregon 529 College Savings Plan deposits. See instructions, page 35 \bullet 86	J.00	
		Total. Add lines 73 through 86. Total can't be more than your refund on line 72		
	88	NET REFUND. Line 72 minus line 87. This is your net refund	NET REFUND→ • 88	.00
DIDEOT.				
DIRECT DEPOSIT			pe of account:	king or
	• R	outing 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	.01	Date Signature of preparer other than		se No.
Х		X Address	Telephone No.	
Spouse's/RDP's signature (if filing jointly, BOTH must sign) Date				
X				