

OREGON AMENDED INDIVIDUAL INCOME TAX RETURN

	For Office Use Only										
	Original return number				Date receiv						
	Code	Tax		P&I		Payment A	mount				
			Social	Securit	SSN)	Date of Birth (mm/dd/yyyy)					
if jo	int return	Spouse's SSN if joint retu				Spouse's Date of Birth (mm/dd/yyyy)					

	check if amending to change from narried filing separate to filing joint.		_			1,000			,		
Last	name	First name and initial					Social Security number (SSN)				Date of Birth (mm/dd/yyyy)
Spo	use's last name, if different and joint return	Spouse's first	Spouse's first name and initial, if joint return					Spouse's SSN if joint return			Spouse's Date of Birth (mm/dd/yyyy)
Cun	Current mailing address										
City	City State ZIP code Telephone number										
_								()			
INCOME AND DEDUCTIONS (Please read instructions) A. As Originally Reported or as Adjusted (increase or decrease) (explain on the back)									e or		Correct mount
1.	Income					1			_		
	Additions (Form 40 only)								_		
	3. Federal tax liability (Form 40S only)3								_		
	Subtractions (Form 40 only)4								_		
	Deductions (standard deduction or itemized deduc-								_		
6.	S. Oregon taxable income6										
TAX AND CREDITS											
7	TAX					7					
									\rightarrow		
	Interest on certain installment sales										
	TOTAL OREGON TAX (add lines 7 and 8)								_		
	Exemption credit (see instructions)										
	Total credits (add lines 10 and 11) (the total can't be more than amount on line 9)12										
	Net income tax (line 9 minus line 12)							\neg			
	5. INST INCOME (AA (IIIIE 3 IIIIIIUS IIIIE 12)										
PAYMENTS											
14.	Kicker—if applicable (see instructions)					14					
	Oregon income tax withheld										
	Working family child care credit for tax year 2003 and later16										
	Estimated tax payment(s) for the tax year and payments made with extension requests										
	Amount paid with original return and any later payment(s) for the tax year (include only TAX paid—see instructions) 18										
	Total payments (add lines 14 through 18)										
	Income tax refunds received (including working family child care credit and kicker refund)										
	1. Net payments (line 19 minus line 20)										
_											
REFUND OR BALANCE DUE											
22.	Refund. If line 21 is more than line 13C, you over	rpaid. Line	21 minus line	130	D				.22		
23.	Amount of refund on line 22 you want applied to your 200 estimated tax23										
24.	NET REFUND. Line 22 minus line 23. Enter the amount of line 22 you want refunded to you24										
	Additional tax to pay. If line 13C is more than line 21, you have tax to pay. Line 13C minus line 2125										
26.	Interest on additional tax to pay (see instructions)								.26		
27.	7. AMOUNT YOU OWE. Add lines 25 and 26. Pay in full with this return27										

Amended returns may take six months or longer to process.