

Year _____ Interviewer _____ Preparer _____ E-Org _____ Pre-Sch _____ Date _____

Phone _____ E-Filing: Yes _____ No _____ Direct Deposit Of Refund: Yes _____ No _____

Bank Name: _____ Rtn #: _____ Acct #: _____

TP Name: _____ SS# _____ Occupation _____ DOB _____

SP Name: _____ SS# _____ Occupation _____ DOB _____

Address: _____ City: _____ State: _____ Zip Code: _____

DPNDT _____ DOB _____ SS# _____ Relationship _____ MO. With _____

DPNDT _____ DOB _____ SS# _____ Relationship _____ MO. With _____

DPNDT _____ DOB _____ SS# _____ Relationship _____ MO. With _____

DPNDT _____ DOB _____ SS# _____ Relationship _____ MO. With _____

DPNDT _____ DOB _____ SS# _____ Relationship _____ MO. With _____

Filing Status: 1 ☐ Single 2 ☐ Married Filing Joint 3 ☐ Married Filing Separate 4 ☐ Head of Household 5 ☐ Qualified Widow(er)

Spouse DOD _____ Date Divorced/Separated _____ Date Moved To/From Oregon _____

Payments

Federal

Overpmt From Prior Yr _____

Qtr Amt Paid Date

1st _____

2nd _____

3rd _____

4th _____

Appld. To Next Yr _____

Amt Pd With Extn _____

Oregon

Overpmt From Prior Yr _____

Qtr Amt Paid Date

1st _____

2nd _____

3rd _____

4th _____

Appld. To Next Yr _____

Amt Pd With Extn _____

Income

W-2s From Wages/ Salaries _____

1099-Int's Interest Income _____

1099-Div's Dividend Income _____

1099-R Retirement Plan Distb _____

W-2G Gambling Winnings _____

State Refund From Prior Year(s) _____

Social Security Benefits _____

Alimony Received _____

Unemployment Compensation _____

Jury Duty and Other Income _____

Dispositions _____

Self Employed Income _____

Rental Income _____

Farm Income _____

Passthrough K-1's _____

Credits

Child & Dependent Care Credit _____

Hope Educational Credit _____

Lifetime Learning Credit _____

Foreign Tax Credit _____

Mortgage Interest Credit _____

General Business _____

Adjustments To Income

TP Traditional IRA Contrib. _____

SP Traditional IRA Contrib. _____

TP Roth IRA/Non Deductible _____

SP Roth IRA/Non Deductible _____

Roth Conversion _____

Sep/Simple TP SP

Self-Employed Health Ins. TP SP

Alimony Paid _____

Student Loan Interest TP SP DPNT

Other Adjustments _____

Moving Expenses _____

Medical Savings Plan TP SP

Itemized Deduction

Medical/Dental/Etc. _____

Office In Home _____

Taxes _____

Interest _____

Volunteer Contributions _____ Miles

Cash Contributions _____

Prior Yr OR. Vol Refund Contrib _____

Non-Cash Contributions _____

Non-Cash Contributions over \$500 _____

Casualty/Theft (see dispositions) _____

Misc. Subject to 2% _____

Misc. Not Subject to 2% _____

Oregon

Additions:

Other States Bond Interest _____

Federal Non Taxable Dividends _____

Other Additions _____

Subtractions:

Military Active Duty Pay _____

Prior Years Federal Tax _____

Tier 2 Railroad Retirement _____

Other Subtractions _____

Credits:

Political Contributions _____

Taxes Paid to Another State _____

Sewer Credit _____ Year

Other Credits _____

Other Oregon Taxes

Multnomah/City of Portland _____

Tri-Met _____

SCTD, CAT.... _____

OR. Voluntary Refund Contributions

Fund: _____ Amt: _____

Refund Amount Due:

Fed: _____

OR: _____

O.STs _____