

IMPACT STATEMENT

Legislation title: Authorize the Director of the Bureau of Environmental Services or designee and the City Attorney to reimburse four property owners affected by the SW 86th Avenue Pump Station construction in the total amount of \$47,012. (Ordinance)

Contact name: Debbie Caselton

Contact phone: 503-823-2831

Presenter name: Debbie Caselton

Purpose of proposed legislation and background information:

The purpose of this legislation is to reimburse four property owners affected by the SW 86th Avenue Pump Station construction.

In September 2012 the Washington County Hearings Officer issued a conditional approval for the construction of the SW 86th Avenue Pump Station and Appurtenances that the City must “determine what additional measures are feasible to implement in order to reduce...impacts” to “any household [with] particular sensitivities to construction...”

In 2013, Council concluded it feasible and reasonable to pay a portion of the costs to retrofit five property owners’ residences, and to reimburse a portion of the purchase price of a new residential property of one property owner’s choosing, in order to mitigate the impacts of the project on the property owners or members of their households (Ordinance numbers 185975, 186031, 186047, 186174, 186175, and 186181).

BES has decided it would be unreasonable to expect the property owners to set aside a portion of their original compensation in order to pay taxes thereon. However, the City cannot commit public funds to reimburse the property owners for their federal and state tax liability attributable to their original compensation until the owners demonstrate that their compensation is taxable as income.

BES is willing to reimburse the property owners for their federal and state tax liability attributable to their compensation now that the City has obtained a letter from the IRS concluding that the increased income of the property owners is taxable likely as income.

In August 2014, Council approved Ordinance No. 186703 authorizing the Director of the Bureau of Environmental Services or designee and the City Attorney to enter into the tax liability reimbursement agreements with six settlement agreement recipients affected by the SW 86th Avenue Pump Station construction.

Upon Council approval of this ordinance, BES will reimburse four of the property owners for their federal and state tax liability attributable to their compensation (currently \$47,012).

Financial and budgetary impacts:

These will be one-time expenditures, with no long-term financial impact or ongoing payments. BES Accounting has determined that these expenses do not qualify to be capitalized, and so will be charged to an operating WBS element (*.EXP) of the project, which is subsequently neither capitalized nor paid from bond proceeds. Although there is no specific appropriation for these expenditures, if there appears to be any issue of over-expenditure by major object code, appropriations will be adjusted in the Spring BMP.

Community impacts and community involvement:

There is a significant public involvement element for the overall project that has been conducted by the BES Director’s Office. Numerous information flyers have been distributed to the community, and the project manager

and public information office have been attending, and continue to attend, neighborhood association meetings to brief the public on the project status and to respond to questions.

The authorization of this ordinance will not require future public involvement. But, as noted above, public involvement is a key element of the overall project, and will continue to be directed and undertaken by the BES Director's Office with Debbie Caselton as the assigned public involvement and community outreach person.

Budgetary Impact Worksheet

Does this action change appropriations?

☐ **YES:** Please complete the information below.

☒ **NO:** Skip this section

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Sponsored Program	Amount

Attachment 1

Summary

Tax differences based on 1099 received from City of Portland for Settlement Agreements in 2013:

Russell Martin, 7020 SW 84th Avenue

Federal Tax 2013 \$4,845

State Tax 2013 \$2,641

Total reimbursement: \$7,486

Stephen R. Press, 7045 SW 84th Avenue

Federal Tax 2013 \$9,193

State Tax 2013 \$4,476

Total reimbursement: \$13,669

Paul Herman, 7025 SW 84th Avenue

Federal Tax 2013 \$16,746

State Tax 2013 \$6,098

Total reimbursement: \$22,844

Heather Keithly, 8535 SW Bohmann Parkway

Federal Tax 2013 \$3,013

Total reimbursement: \$3,013

Grand Total Reimbursements: \$47,012

Russell Martin
7020 SW 84th Avenue
Portland, OR 97223

Debbie Caselton
Community Outreach and Information
City of Portland Environmental Services
1120 SW Fifth Ave Room 1000
Portland, Oregon 97204

October 10, 2014

Hello Debbie,

Enclosed are our 2013 Tax forms 1040 and 40, showing our total tax liability with and without the \$29,350 "Other Income" reported on the BES 1099.

The total taxes that we paid to the IRS were \$11,977 (Line 61). Without the BES 1099 (Line 21), this would have been \$7,132, for a difference of \$4,845.

The total taxes that we paid to the State of Oregon (Line 41) were \$6,626. Without the BES 1099, this would have been \$3,985, for a difference of \$2,641.

The total difference equals \$7,486.

Please let me know if there is anything else you need to process this reimbursement.

Regards,

A handwritten signature in black ink, appearing to read 'Russell Martin', with a stylized, flowing script.

Russell Martin



tax reimbursements

1 message

Caselton, Debbie <Debbie.Caselton@portlandoregon.gov>

Mon, Sep 22, 2014 at 4:06 PM

To: Russell Martin <russell.p.martin@gmail.com>

Hi Russell,

The next step in this process is to get your tax return(s) and calculations of how much your taxes went up in relation to the settlement agreement payments last year. Make sure you blot out any information you feel is private and you don't want us to see.

Would you like me to send you a postage paid envelope or do you want to scan and email to me?

Thanks,

Debbie

Debbie Caselton

Community Outreach and Information

City of Portland Environmental Services

1120 SW Fifth Ave Room 1000, Portland, Oregon 97204

Phone: [503-823-2831](tel:503-823-2831)

Email: Debbie.Caselton@portlandoregon.gov.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial **Russell P** Last name **Martin** Your social security number **9616**

If a joint return, spouse's first name and initial **Ann L** Last name **Martin** Spouse's social security number **8925**

Home address (number and street). If you have a P.O. box, see instructions. **7020 SW 84th Avenue** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Portland OR 97223**

Foreign country name Foreign province/state/county Foreign postal code

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount Other Income from box 3 of 1099-Misc **21** **29,350.**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37**

REV 06/04/14 TTW Form 1040 (2013)

Amended return <input type="checkbox"/>		OREGON INDIVIDUAL INCOME TAX RETURN		2013		For office use only	
Form 40		Full-Year Residents Only		Fiscal year ending			
-9616		-8925				K F P J	
MARTIN		RUSSELL		P DOB 1957		<input type="checkbox"/> DECEASED	
MARTIN		ANN		L DOB 1963		<input type="checkbox"/> DECEASED	
7020 SW 84TH AVENUE				PHONE 503-730-5239		<input type="checkbox"/> EXTENSION FILED	
						<input type="checkbox"/> 8886	
PORTLAND		OR 97223		<input type="checkbox"/> NEW NAME/ADDRESS		<input type="checkbox"/> CLAIMED/DEPENDENT	
USA							
FOR COMPUTER USE ONLY							
FILING STATUS: MARRIED JOINT				2a			
SPOUSE:							
PARTNER:							
QUALIFYING NAME:							
EXEMPTIONS:							
6A SELF: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED				1			
6B SPOUSE/RDP: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED				1			
6C ALL DEPENDENTS:							
6D DISABLED CHILDREN ONLY:							
6E TOTAL EXEMPTIONS:				2			
7A SELF : <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND							
SPOUSE/RDP: <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND							

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 8 [REDACTED] Round to the nearest dollar

ADDITIONS

9 Interest and dividends on state and local government bonds outside of Oregon... • 9 [REDACTED]

10 Other additions. Identify: • 10x [REDACTED] • 10y \$ [REDACTED] Schedule included 10z ☐ • 10 [REDACTED]

11 Total additions. Add lines 9 and 10 • 11 [REDACTED]

12 Income after additions. Add lines 8 and 11 • 12 [REDACTED]

SUBTRACTIONS

Include
proof of
withholding
(W-2s,
1099s),
payment,
and payment
voucher

13 2013 federal tax liability (\$0-\$6,250; see instructions for the correct amount) • 13 [REDACTED] 6,250

14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... • 14 [REDACTED]

15 Oregon income tax refund included in federal income • 15 [REDACTED]

16 Interest from U.S. government, such as Series EE, HH, and I bonds • 16 [REDACTED]

17 Federal pension income. See instructions, page 15. 17a [REDACTED] 17b [REDACTED] • 17 [REDACTED]

18 Other subtractions. Identify: • 18x [REDACTED] • 18y \$ [REDACTED] Schedule included 18z ☐ • 18 [REDACTED]

19 Total subtractions. Add lines 13 through 18 • 19 [REDACTED]

20 Income after subtractions. Line 12 minus line 19 • 20 [REDACTED]

DEDUCTIONS

If you are claiming itemized deductions, fill in lines 21 and 23-25. If you are claiming the standard deduction, fill in line 26 only.

21 Itemized deductions from federal Schedule A, line 29 • 21 [REDACTED]

22 **Do not complete line 22** 22 [REDACTED]

23 Total Oregon itemized deductions. Add lines 21 and 22 • 23 [REDACTED]

24 **State income tax claimed as an itemized deduction** • 24 [REDACTED]

25 Net Oregon itemized deductions. Line 23 minus line 24 • 25 [REDACTED]

OR

26 Standard deduction from page 19 • 26 [REDACTED] Either line 25 or 26

27 Total deductions. **Line 25 or line 26, whichever is larger** • 27 [REDACTED]

28 **Oregon taxable income.** Line 20 minus line 27. If line 27 is more than line 20, enter -0- • 28 [REDACTED]

TAX

29 Tax. See instructions, page 19. Enter tax here • 29 [REDACTED] 7,002

Check if tax is from: 29a ☒ Tax tables or charts or • 29b ☐ Form FIA-40 or • 29c ☐ Worksheet FCG

30 Interest on certain installment sales • 30 [REDACTED]

31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS • 31 [REDACTED]

32 Total tax before credits from front of form, line 31.....		32		
NONREFUNDABLE CREDITS	33 Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions on page 20 • 33			
	34 Retirement income credit. See instructions, page 20 • 34			
	35 Child and dependent care credit. See instructions, page 21 • 35			
	36 Credit for the elderly or the disabled. See instructions, page 21 • 36			
	37 Political contribution credit. See limits, page 21 • 37			
	Include proof	38 Credit for income taxes paid to another state. State: • 38y <input type="text"/> Schedule included 38z <input type="checkbox"/> • 38		
		39 Other credits. Identify: • 39x <input type="text"/> • 39y \$ <input type="text"/> Schedule included 39z <input type="checkbox"/> • 39		
	40 Total non-refundable credits. Add lines 33 through 39.....		• 40	
	41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....		• 41	6,626
	PAYMENTS AND REFUNDABLE CREDITS			
42 Oregon income tax withheld. Include Form(s) W-2 and 1099 • 42				
43 Estimated tax payments for 2013 and payments made with your extension • 43				
• 43a <input type="checkbox"/> Wolf depredation • 43b <input type="checkbox"/> Claim of right				
Include Schedule WFC if you claim this credit	44 Earned income credit. See instructions, page 23 • 44			
	45 Working family child care credit from WFC, line 18..... • 45			
	46 Mobile home park closure credit. Include Schedule MPC..... • 46			
	47 Total payments and refundable credits. Add lines 42 through 46..... • 47			
48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41 OVERPAYMENT → • 48				
49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47 TAX TO PAY → • 49				
50 Penalty and interest for filing or paying late. See instructions, page 23.....		50		
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/> • 51				
Exception # from Form 10, line 1 • 51a <input type="text"/> Check box if you annualized • 51b <input type="checkbox"/>				
52 Total penalty and interest due. Add lines 50 and 51.....		52		
53 Amount you owe. Line 49 plus line 52 AMOUNT YOU OWE → • 53				
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52 REFUND → • 54				
55 Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax • 55				
CHARITABLE CHECKOFF DONATIONS, PAGE 27 <i>I want to donate part of my tax refund to the following fund(s)</i>	American Diabetes Assoc. • 56		Oregon Coast Aquarium • 57	
	SMART • 58		SOLV • 59	
	The Nature Conservancy • 60		St. Vincent DePaul Soc. of OR • 61	
	Oregon Humane Society • 62		The Salvation Army • 63	
	Doernbecher Children's Hosp. • 64		Oregon Veteran's Home • 65	
	Charity code • 66a <input type="text"/> • 66b <input type="text"/>		Charity code • 67a <input type="text"/> • 67b <input type="text"/>	
	68 Political party \$3 checkoff. Party code: • 68a <input type="text"/> You • 68b <input type="text"/> Spouse/RDP..... • 68			
	69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26 • 69			
	70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54..... • 70			
	71 NET REFUND. Line 54 minus line 70. This is your net refund NET REFUND → • 71			

DIRECT DEPOSIT	72 For direct deposit of your refund, see instructions, page 27. • Type of account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	• Routing No. <input type="text"/>	• Account No. <input type="text"/>
	Will this refund go to an account outside the United States? • <input type="checkbox"/> Yes	

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date	Signature of preparer other than taxpayer	• Preparer license no.
X		X SELF PREPARED	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)		Address	
Date		Telephone no.	
X			

If you owe, make your check or money order payable to the **Oregon Department of Revenue**.
Write your daytime telephone number and "2013 Oregon Form 40" on your check or money order.
Include your payment, along with the payment voucher on page 23, with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay:	Refunds and No Tax Due:	Tax-to-Pay:	Refunds and No Tax Due:
Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2013** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20		See separate instructions.
Your first name and initial Russell P	Last name Martin	Your social security number 9616
If a joint return, spouse's first name and initial Ann L	Last name Martin	Spouse's social security number .8925
Home address (number and street). If you have a P.O. box, see instructions. 7020 SW 84th Avenue		▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Portland OR 97223		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶
b <input checked="" type="checkbox"/> Spouse	
c Dependents:	
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	
d Total number of exemptions claimed	2

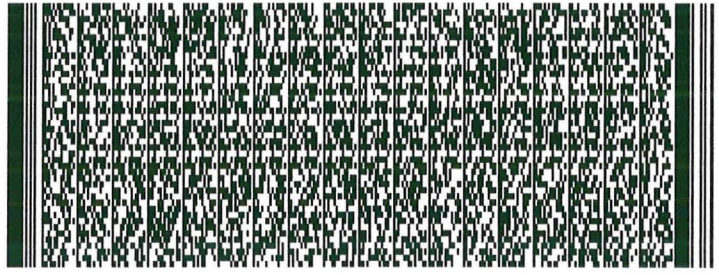
Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	74,666

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	74,666

REV 06/04/14 TTW Form 1040 (2013)

Amended return <input type="checkbox"/> Form 40		OREGON INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only		2013 Fiscal year ending		For office use only	
-9616		-8925		K F P J			
MARTIN MARTIN 7020 SW 84TH AVENUE PORTLAND USA		RUSSELL ANN OR 97223		P DOB 1957 L DOB 1963 PHONE 503-730-5239 <input type="checkbox"/> NEW NAME/ADDRESS		<input type="checkbox"/> DECEASED <input type="checkbox"/> DECEASED <input type="checkbox"/> EXTENSION FILED <input type="checkbox"/> 8886 <input type="checkbox"/> CLAIMED/DEPENDENT	
FOR COMPUTER USE ONLY							
FILING STATUS: MARRIED JOINT 2a SPOUSE: PARTNER: QUALIFYING NAME: EXEMPTIONS: 6A SELF: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 1 6B SPOUSE/RDP: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 1 6C ALL DEPENDENTS: 6D DISABLED CHILDREN ONLY: 6E TOTAL EXEMPTIONS: 2 7A SELF : <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND SPOUSE/RDP: <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND							

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13

Round to the nearest dollar

8

ADDITIONS

- 9 Interest and dividends on state and local government bonds outside of Oregon... • 9
- 10 Other additions. Identify: • 10x • 10y \$ Schedule included 10z ☐ • 10
- 11 Total additions. Add lines 9 and 10 • 11
- 12 Income after additions. Add lines 8 and 11 • 12

SUBTRACTIONS

Include proof of withholding (W-2s, 1099s), payment, and payment voucher

- 13 2013 federal tax liability (\$0-\$6,250; see instructions for the correct amount) • 13
- 14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... • 14
- 15 Oregon income tax refund included in federal income • 15
- 16 Interest from U.S. government, such as Series EE, HH, and I bonds • 16
- 17 Federal pension income. See instructions, page 15. 17a 17b • 17
- 18 Other subtractions. Identify: • 18x • 18y \$ Schedule included 18z ☐ • 18
- 19 Total subtractions. Add lines 13 through 18 • 19
- 20 Income after subtractions. Line 12 minus line 19 • 20

DEDUCTIONS

If you are claiming itemized deductions, fill in lines 21 and 23-25. If you are claiming the standard deduction, fill in line 26 only.

- 21 Itemized deductions from federal Schedule A, line 29 • 21
- 22 Do not complete line 22 22
- 23 Total Oregon itemized deductions. Add lines 21 and 22 • 23
- 24 State income tax claimed as an itemized deduction • 24
- 25 Net Oregon itemized deductions. Line 23 minus line 24 • 25
- OR
- 26 Standard deduction from page 19 • 26
- 27 Total deductions. Line 25 or line 26, whichever is larger • 27
- 28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- • 28
- Either line 25 or 26

TAX

- 29 Tax. See instructions, page 19. Enter tax here • 29
- Check if tax is from: 29a ☒ Tax tables or charts or • 29b ☐ Form FIA-40 or • 29c ☐ Worksheet FCG
- 30 Interest on certain installment sales • 30
- 31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS • 31

32 Total tax before credits from front of form, line 31		32	
NONREFUNDABLE CREDITS			
33 Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions on page 20		33	
34 Retirement income credit. See instructions, page 20		34	
35 Child and dependent care credit. See instructions, page 21		35	
36 Credit for the elderly or the disabled. See instructions, page 21		36	
37 Political contribution credit. See limits, page 21		37	
Include proof	38 Credit for income taxes paid to another state. State: 38y <input type="checkbox"/> Schedule included 38z <input type="checkbox"/>	38	
	39 Other credits. Identify: 39x <input type="checkbox"/> 39y <input type="checkbox"/> Schedule included 39z <input type="checkbox"/>	39	
40 Total non-refundable credits. Add lines 33 through 39		40	
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-		41	3,985
PAYMENTS AND REFUNDABLE CREDITS			
42 Oregon income tax withheld. Include Form(s) W-2 and 1099		42	
43 Estimated tax payments for 2013 and payments made with your extension		43	
43a <input type="checkbox"/> Wolf depredation 43b <input type="checkbox"/> Claim of right			
Include Schedule WFC if you claim this credit	44 Earned income credit. See instructions, page 23	44	
	45 Working family child care credit from WFC, line 18	45	
	46 Mobile home park closure credit. Include Schedule MPC	46	
47 Total payments and refundable credits. Add lines 42 through 46		47	
48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41		48	2,762
49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47		49	2,762
50 Penalty and interest for filing or paying late. See instructions, page 23		50	
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/>		51	
Exception # from Form 10, line 1 51a <input type="checkbox"/> Check box if you annualized 51b <input type="checkbox"/>			
52 Total penalty and interest due. Add lines 50 and 51		52	
53 Amount you owe. Line 49 plus line 52		53	2,762
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52		54	2,762
55 Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax		55	2,762
CHARITABLE CHECKOFF DONATIONS, PAGE 27 I want to donate part of my tax refund to the following fund(s)	American Diabetes Assoc. 56		
	SMART 58		
	The Nature Conservancy 60		
	Oregon Humane Society 62		
	Doernbecher Children's Hosp. 64		
	Charity code 66a <input type="checkbox"/> 66b <input type="checkbox"/>		
	Oregon Coast Aquarium 57		
	SOLV 59		
St. Vincent DePaul Soc. of OR 61			
The Salvation Army 63			
Oregon Veteran's Home 65			
Charity code 67a <input type="checkbox"/> 67b <input type="checkbox"/>			
See instructions	68 Political party \$3 checkoff. Party code: 68a <input type="checkbox"/> You 68b <input type="checkbox"/> Spouse/RDP	68	
69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26		69	
70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54		70	
71 NET REFUND. Line 54 minus line 70. This is your net refund		71	0

DIRECT DEPOSIT	72 For direct deposit of your refund, see instructions, page 27.		● Type of account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	● Routing No. <input type="text"/>	● Account No. <input type="text"/>		
	Will this refund go to an account outside the United States? ● <input type="checkbox"/> Yes			

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date	Signature of preparer other than taxpayer	● Preparer license no.
X		X SELF PREPARED	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)		Address	
X		Telephone no.	

If you owe, make your check or money order payable to the **Oregon Department of Revenue.**
Write your daytime telephone number and **"2013 Oregon Form 40"** on your check or money order.
Include your payment, along with the payment voucher on page 23, with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay:	Refunds and No Tax Due:	Tax-to-Pay:	Refunds and No Tax Due:
Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460

187035

Press, Stephen R.
7045 SW 84th Ave.
Portland, OR 97223

2013 Income Tax Due to City of Portland Payment

	<u>As Filed With Income</u>	<u>As If Filed With Out Income</u>	<u>Additional Tax</u>
Federal Tax; Form 1040, line 61	10,164	971	9,193
Oregon Tax; Form 40, line 41	6,666	2,190	4,476
<i>Additional Tax due to \$52,999 income from City of Portland</i>			<u><u>13,669</u></u>

AS FILED

187035

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2013** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial Last name See separate instructions.

STEPHEN R PRESS Your social security number ***-**-****

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

7045 S.W. 84TH AVE. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

PORTLAND, OR 97223 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above & full name here. 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☐ Spouse. Boxes checked on 6a and 6b. No. of children on 6c who: 1

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax cr (see instrs) • lived with you. • did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. Add numbers on lines above. 1

d Total number of exemptions claimed. 1

If more than four dependents, see instructions and check here. ☐

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 7,000. 8a Taxable interest. Attach Schedule B if required. 8a 3,045. b Tax-exempt interest. Do not include on line 8a. STMT 3 8b 452. 9a Ordinary dividends. Attach Schedule B if required. 9a 34,367. b Qualified dividends. 9b 34,363. 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 13 -3,000. 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a 8,541. b Taxable amount. 15b 101. 16a Pensions and annuities. 16a b Taxable amount. 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 4,505. 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation. 19 20a Social security benefits. 20a b Taxable amount. 20b 21 Other income SEE STATEMENT 4 21 59,799. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 105,817.

Adjusted Gross Income 23 Educator expenses. 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 Deductible part of self-employment tax. Attach Schedule SE. 27 481. 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction. 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction. 32 6,500. 33 Student loan interest deduction. 33 34 Tuition and fees. Attach Form 8917. 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 through 35. 36 6,981. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 98,836.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.

Tax and Credits**Standard Deduction for —**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	98,836.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. checked. ▶ 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	26,851.
41	Subtract line 40 from line 38	41	71,985.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instrs	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	68,085.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	9,388.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	9,388.
47	Foreign tax credit. Attach Form 1116 if required	47	195.
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	195.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	9,193.
56	Self-employment tax. Attach Schedule SE	56	961.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	10.
59a	Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	60	
61	Add lines 55-60. This is your total tax	61	10,164.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	5,932.
63	2013 estimated tax payments and amount applied from 2012 return	63	16,500.
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election. ▶ 64b <input type="checkbox"/>		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, & 65-71. These are your total pmts.	72	22,432.

Refund

Direct deposit?
See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	12,268.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	74a	7,828.
	▶ b Routing number. XXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number. XXXXXXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	4,400.

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
77	Estimated tax penalty (see instructions)	77	40.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ NATHAN J. REAGAN, CPA Phone no. ▶ 503.635.6100 Personal identification number (PIN) ▶ 86111

Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
NATHAN J. REAGAN, CPA	NATHAN J. REAGAN, CPA			P00986111
Firm's name ▶	Firm's EIN ▶			
HANDY & REAGAN, LLC	45-3839748			
Firm's address ▶	Phone no.			
4550 KRUSE WAY, SUITE 330 LAKE OSWEGO, OR 97035	(503) 635-6100			

AS FILED

187035

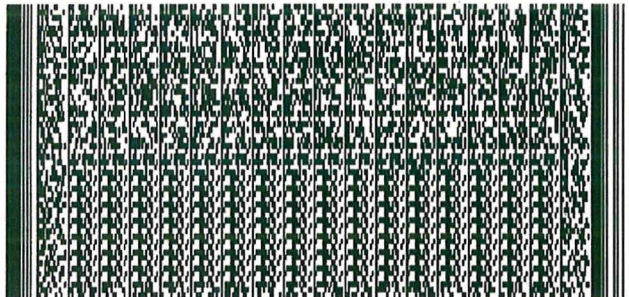
Amended Return <input type="checkbox"/> Form 40	OREGON INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only	2013 Fiscal year ending	For office use only <div style="border: 1px solid black; padding: 2px;"> K F P J </div>
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****-**-****

PRESS STEPHEN R DOB 1952
 7045 S.W. 84TH AVE.
 PORTLAND OR 97223 ☐ NEW NAME/ADDRESS

FOR COMPUTER USE ONLY

FILING STATUS: SINGLE 1
 SPOUSE:
 PARTNER:
 QUALIFYING NAME:
 EXEMPTIONS:
 6A SELF: ☒ REGULAR ☐ DISABLED 1
 6B SPOUSE/RDP: ☐ REGULAR ☐ DISABLED
 6C ALL DEPENDENTS:
 6D DISABLED CHILDREN ONLY:
 6E TOTAL EXEMPTIONS: 1
 7A SELF: ☐ 65 OR OLDER ☐ BLIND
 SPOUSE/RDP: ☐ 65 OR OLDER ☐ BLIND



8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions. Round to the nearest dollar

8 98,836.

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon. 9 10 Other additions. Identify: •10x <input type="checkbox"/> •10y \$ <input type="checkbox"/> Sch incl 10z <input type="checkbox"/> 10 11 Total additions. Add lines 9 and 10. 11 12 Income after additions. Add lines 8 and 11. 12	452. 452. 99,288.
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SUBTRACTIONS	13 2013 federal tax liability (\$0 - \$6,250; see instructions for the correct amount). 13 14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b. 14 15 Oregon income tax refund included in federal income. 15 16 Interest from U.S. government, such as Series EE, HH, and I bonds. 16 17 Fed pension income. See instrs. 17a <input type="checkbox"/> % 17b <input type="checkbox"/> % 17 18 Other subtrns. Identify: •18x <input type="checkbox"/> •18y \$ <input type="checkbox"/> Sch incl 18z <input type="checkbox"/> 18 19 Total subtractions. Add lines 13 through 18. 19 20 Income after subtractions. Line 12 minus line 19. 20	6,250. 6,250. 93,038.
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Include proof of withholding (W-2s, 1099s), payment, and payment voucher

DEDUCTIONS	If you are claiming itemized deductions, fill in lines 21 and 23 - 25. If you are claiming the standard deduction, fill in line 26 only.	
	21 Itemized deductions from federal Sch A, ln 29. 21 22 Do not complete line 22 22 23 Total Oregon itemized deductions. Add lines 21 and 22. 23 24 State income tax claimed as an itemized dedn. 24 25 Net Oregon itemized deductions. Line 23 minus line 24. 25 OR 26 Standard deduction from the instructions. 26 27 Total deductions. Line 25 or line 26, whichever is larger. 27 28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0-. 28	26,851. 0 26,851. 12,499. 14,352. 14,352. 14,352. 78,686.

Either line 25 or 26

TAX	29 Tax. See instructions. Enter tax here. 29 Check if tax is from: 29a <input checked="" type="checkbox"/> Tax tables or charts or 29b <input type="checkbox"/> Form FIA-40 or 29c <input type="checkbox"/> Worksheet FCG 30 Interest on certain installment sales. 30 31 Total tax before credits. Add lines 29 and 30. OREGON TAX BEFORE CREDITS • 31	6,854. 6,854.
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WITHOUT \$52,999 1099-MISC INCOME FROM CITY OF PORTLAND

187035

Form **1040** Department of the Treasury — Internal Revenue Service (99) **2013** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial Last name

STEPHEN R PRESS

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

7045 S.W. 84TH AVE.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

PORTLAND, OR 97223

Foreign country name Foreign province/state/country Foreign postal code

See separate instructions.

Your social security number

-**-*

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)

If more than four dependents, see instructions and check here. ▶ ☐

Boxes checked on 6a and 6b

No. of children on 6c who:

- ☐ lived with you
- ☐ did not live with you due to divorce or separation (see instrs)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed. ▶ **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. ▶ **7,000.**

8a Taxable interest. Attach Schedule B if required. ▶ **3,045.**

b Tax-exempt interest. Do not include on line 8a. SIMT. 3. ▶ **8b 452.**

9a Ordinary dividends. Attach Schedule B if required. ▶ **34,367.**

b Qualified dividends. ▶ **9b 34,363.**

10 Taxable refunds, credits, or offsets of state and local income taxes.

11 Alimony received.

12 Business income or (loss). Attach Schedule C or C-EZ.

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ▶ ☐ **-3,000.**

14 Other gains or (losses). Attach Form 4797.

15a IRA distributions. ▶ **15a 8,541.** b Taxable amount. ▶ **15b 101.**

16a Pensions and annuities. ▶ **16a** b Taxable amount. ▶ **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. ▶ **4,505.**

18 Farm income or (loss). Attach Schedule F.

19 Unemployment compensation.

20a Social security benefits. ▶ **20a** b Taxable amount. ▶ **20b**

21 Other income **SEE STATEMENT 4** ▶ **6,800.**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶ **52,818.**

Adjusted Gross Income

23 Educator expenses.

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.

25 Health savings account deduction. Attach Form 8889.

26 Moving expenses. Attach Form 3903.

27 Deductible part of self-employment tax. Attach Schedule SE. ▶ **481.**

28 Self-employed SEP, SIMPLE, and qualified plans.

29 Self-employed health insurance deduction.

30 Penalty on early withdrawal of savings.

31a Alimony paid b Recipient's SSN. ▶

32 IRA deduction. ▶ **32 6,500.**

33 Student loan interest deduction.

34 Tuition and fees. Attach Form 8917.

35 Domestic production activities deduction. Attach Form 8903.

36 Add lines 23 through 35. ▶ **6,981.**

37 Subtract line 36 from line 22. This is your adjusted gross income. ▶ **45,837.**

AS FILED

187035

STEPHEN R PRESS

-**-*

Page 2 — 2013 Form 40 — Remember to **reprint first page** if any changes are made on this page.

32 Total tax before credits from page 1 of form, line 31.		32	6,854.
NON-REFUNDABLE CREDITS	33 Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions.	33	188.
	34 Retirement income credit. See instructions.	34	
	35 Child and dependent care credit. See instructions.	35	
	36 Credit for the elderly or the disabled. See instructions.	36	
	37 Political contribution credit. See limits in the instructions.	37	
Include proof	38 Credit for income taxes paid to another state. State: 38y Sch incl 38z	38	
	39 Other credits. Identify: 39x 39y \$ Sch incl 39z	39	
40 Total non-refundable credits. Add lines 33 through 39.		40	188.
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-		41	6,666.
PAYMENTS AND REFUNDABLE CREDITS	42 Oregon income tax withheld. Include Form(s) W-2 and 1099.	42	533.
	43 Estimated tax payments for 2013 and payments made with your extension.	43	8,100.
CREDITS	44 Earned income credit. See instructions.	44	
	45 Working family child care credit from WFC, line 18.	45	
	46 Mobile home park closure credit. Include Schedule MPC.	46	
	47 Total payments and refundable credits. Add lines 42 through 46.	47	8,633.
	48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41.	48	1,967.
49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47.		49	0.
50 Penalty and interest for filing or paying late. See instructions.		50	
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input checked="" type="checkbox"/> Exception # from Form 10, line 1 51a Check box if you annualized 51b		51	92.
52 Total penalty and interest due. Add lines 50 and 51.		52	92.
53 Amount you owe. Line 49 plus line 52.		53	
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52.		54	1,875.
55 Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax.		55	1,875.
CHARITABLE CHECKOFF DONATIONS I want to donate part of my tax refund to the following fund(s)	American Diabetes Assoc. 56		
	SMART 58		
	The Nature Conservancy 60		
	Oregon Humane Society 62		
	Doernbecher Children's Hosp. 64		
	Charity code 66a 66b		
	Oregon Coast Aquarium 57		
	SOLV 59		
	St. Vincent DePaul Soc. of OR 61		
	The Salvation Army 63		
Oregon Veteran's Home 65			
Charity code 67a 67b			
See instructions	68 Political party \$3 checkoff. Party code: 68a You 68b Spouse/RDP	68	
	69 Total Oregon 529 College Savings Plan deposits. See instructions.	69	
	70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54.	70	1,875.
71 NET REFUND. Line 54 minus line 70. This is your net refund.		71	0.
DIRECT DEPOSIT	72 For direct deposit of your refund, see the instructions.	Type of Account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	Routing Number Account Number		
Will this refund go to an account outside the United States? <input type="checkbox"/> Yes			

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date	Signature of preparer other than taxpayer	Preparer license no.
X		X NATHAN J. REAGAN, CPA	11235
Spouse's/RDP's signature (If filing jointly, BOTH must sign)	Date	Address	Telephone No.
X		HANDY & REAGAN, LLC	503-635-6100
		4550 KRUSE WAY, SUITE 330	
		LAKE OSWEGO, OR 97035	
		RP L#: 2885	EIN: 45-3839748

If you owe, make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime telephone number and '2013 Oregon Form 40' on your check or money order. Include your payment, along with the payment voucher with this return.**MAIL RETURNS (NON-2-D BARCODE) TO:**

Tax-to-Pay:
 Oregon Department of Revenue
 PO Box 14555
 Salem OR 97309-0940

Refunds and No Tax Due:
 Oregon Department of Revenue
 PO Box 14700
 Salem OR 97309-0930

MAIL 2-D BARCODE RETURNS TO:

Tax-to-Pay:
 Oregon Department of Revenue
 PO Box 14720
 Salem OR 97309-0463

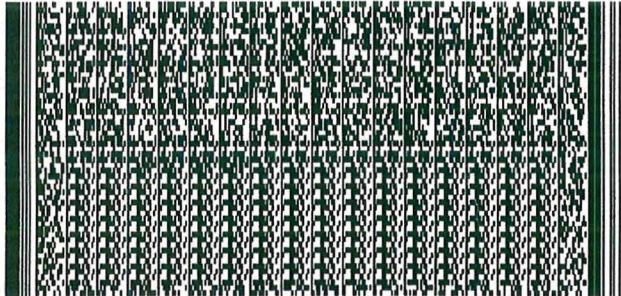
Refunds and No Tax Due:
 Oregon Department of Revenue
 PO Box 14710
 Salem OR 97309-0460

WITHOUT \$52,999 1099-MISC INCOME FROM 187035
CITY OF PORTLAND

Amended Return <input type="checkbox"/> Form 40	OREGON INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only	2013 Fiscal year ending	For office use only <div style="border: 1px solid black; padding: 2px;"> K F P J </div>
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PRESS STEPHEN R DOB 1952
 7045 S.W. 84TH AVE.
 PORTLAND OR 97223 ☐ NEW NAME/ADDRESS

FOR COMPUTER USE ONLY

FILING STATUS: SINGLE 1 SPOUSE: PARTNER: QUALIFYING NAME: EXEMPTIONS: 6A SELF: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 1 6B SPOUSE/RDP: <input type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 6C ALL DEPENDENTS: 6D DISABLED CHILDREN ONLY: 6E TOTAL EXEMPTIONS: 1 7A SELF: <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND SPOUSE/RDP: <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND	
---	--

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions. Round to the nearest dollar

8 45,837.

ADDITIONS

9 Interest and dividends on state and local government bonds outside of Oregon. 9 452.

10 Other additions. Identify: •10x ☐ •10y \$ ☐ Sch incl 10z ☐ 10

11 Total additions. Add lines 9 and 10. 11 452.

12 Income after additions. Add lines 8 and 11. 12 46,289.

SUBTRACTIONS

13 2013 federal tax liability (\$0 - \$6,250; see instructions for the correct amount). 13 10.

14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b. 14

15 Oregon income tax refund included in federal income. 15

16 Interest from U.S. government, such as Series EE, HH, and I bonds. 16

17 Fed pension income. See instrs. 17a ☐ % 17b ☐ % 17

18 Other subtrns. Identify: •18x ☐ •18y \$ ☐ Sch incl 18z ☐ 18

19 Total subtractions. Add lines 13 through 18. 19 10.

20 Income after subtractions. Line 12 minus line 19. 20 46,279.

DEDUCTIONS

If you are claiming itemized deductions, fill in lines 21 and 23 - 25. If you are claiming the standard deduction, fill in line 26 only.

21 Itemized deductions from federal Sch A, ln 29. 21 29,810.

22 Do not complete line 22 22 0

23 Total Oregon itemized deductions. Add lines 21 and 22. 23 29,810.

24 State income tax claimed as an itemized dedn. 24 12,499.

25 Net Oregon itemized deductions. Line 23 minus line 24. 25 17,311.

OR

26 Standard deduction from the instructions. 26

27 Total deductions. Line 25 or line 26, whichever is larger. 27 17,311.

28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0-. 28 28,968.

TAX

29 Tax. See instructions. Enter tax here. 29 2,378.

Check if tax is from: 29a ☒ Tax tables or charts or 29b ☐ Form FIA-40 or 29c ☐ Worksheet FCG

30 Interest on certain installment sales. 30

31 Total tax before credits. Add lines 29 and 30. **OREGON TAX BEFORE CREDITS** 31 2,378.

WITHOUT \$52,999 1099-MISC INCOME FROM 187035 CITY OF PORTLAND

Form 1040 (2013) **STEPHEN R PRESS**

-**-* Page 2

Tax and Credits

Standard Deduction for —

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
- Single or Married filing separately, \$6,100
- Married filing jointly or Qualifying widow(er), \$12,200
- Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	45,837.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked. <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	29,810.
41	Subtract line 40 from line 38	41	16,027.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instrs	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,127.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.
56	Self-employment tax. Attach Schedule SE	56	961.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	10.
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	60	
61	Add lines 55-60. This is your total tax	61	971.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	5,932.
63	2013 estimated tax payments and amount applied from 2012 return	63	16,500.
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lns 62, 63, 64a, & 65-71. These are your total pmts.	72	22,432.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	21,461.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	74a	21,461.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes. Complete below.** ☐ **No**

Designee's name NATHAN J. REAGAN, CPA	Phone no. 503.635.6100	Personal identification number (PIN) 86111
--	-------------------------------	---

Sign Here

Joint return? See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SALES	Daytime phone number
Spouse's signature. If a joint return, both must sign.		Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/Type preparer's name NATHAN J. REAGAN, CPA	Preparer's signature NATHAN J. REAGAN, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00986111
Firm's name HANDY & REAGAN, LLC				
Firm's address 4550 KRUSE WAY, SUITE 330 LAKE OSWEGO, OR 97035	Firm's EIN 45-3839748	Phone no. (503) 635-6100		

WITHOUT \$52,999 1099-MISC INCOME FROM CITY OF PORTLAND

187035

STEPHEN R PRESS

-**-*

Page 2 - 2013 Form 40 - Remember to **reprint first page** if any changes are made on this page.

	32	Total tax before credits from page 1 of form, line 31.....	32	2,378.
NON-REFUNDABLE CREDITS	33	Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions. ●	33	188.
	34	Retirement income credit. See instructions..... ●	34	
	35	Child and dependent care credit. See instructions..... ●	35	
	36	Credit for the elderly or the disabled. See instructions..... ●	36	
	37	Political contribution credit. See limits in the instructions..... ●	37	
	38	Credit for income taxes paid to another state. State: ●38y <input type="text"/> Sch incl 38z <input type="text"/> ●	38	
	39	Other credits. Identify: ●39x <input type="text"/> ●39y \$ <input type="text"/> Sch incl 39z <input type="text"/> ●	39	
	40	Total non-refundable credits. Add lines 33 through 39..... ●	40	188.
	41	Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-..... ●	41	2,190.
PAYMENTS AND REFUNDABLE CREDITS	42	Oregon income tax withheld. Include Form(s) W-2 and 1099 ●	42	533.
	43	Estimated tax payments for 2013 and payments made with your extension..... ●	43	8,100.
		●43a <input type="checkbox"/> Wolf depredation ●43b <input type="checkbox"/> Claim of right		
	44	Earned income credit. See instructions..... ●	44	
	45	Working family child care credit from WFC, line 18..... ●	45	
	46	Mobile home park closure credit. Include Schedule MPC..... ●	46	
	47	Total payments and refundable credits. Add lines 42 through 46..... ●	47	8,633.
	48	Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41..... OVERPAYMENT ▶ ●	48	6,443.
	49	Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47..... TAX TO PAY ▶ ●	49	0.
	50	Penalty and interest for filing or paying late. See instructions..... ●	50	
	51	Interest on underpayment of estimated tax. Include Form 10 and check box <input checked="" type="checkbox"/> ●	51	24.
		Exception # from Form 10, line 1 ●51a <input type="text"/> Check box if you annualized ●51b <input type="checkbox"/>		
	52	Total penalty and interest due. Add lines 50 and 51..... ●	52	24.
	53	Amount you owe. Line 49 plus line 52..... AMOUNT YOU OWE ▶ ●	53	
	54	Refund. Is line 48 more than line 52? If so, line 48 minus line 52..... REFUND ▶ ●	54	6,419.
	55	Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax..... ●	55	1,680.
CHARITABLE CHECKOFF DONATIONS <i>I want to donate part of my tax refund to the following fund(s)</i>	American Diabetes Assoc. ●	56		
	SMART ●	58		
	The Nature Conservancy ●	60		
	Oregon Humane Society ●	62		
	Doernbecher Children's Hosp. ●	64		
	Charity code ●66a <input type="text"/>	●66b <input type="text"/>		
	Oregon Coast Aquarium ●	57		
	SOLV ●	59		
	St. Vincent DePaul Soc. of OR ●	61		
	The Salvation Army ●	63		
Oregon Veteran's Home ●	65			
Charity code ●67a <input type="text"/>	●67b <input type="text"/>			
68	Political party \$3 checkoff. Party code: ●68a <input type="text"/> You ●68b <input type="text"/> Spouse/RDP ●	68		
69	Total Oregon 529 College Savings Plan deposits. See instructions..... ●	69		
70	Total. Add lines 55 through 69. Total can't be more than your refund on line 54..... ●	70	1,680.	
71	NET REFUND. Line 54 minus line 70. This is your net refund..... NET REFUND ▶ ●	71	4,739.	
DIRECT DEPOSIT	72	For direct deposit of your refund, see the instructions. ● Type of Account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		
		● Routing Number <input type="text"/> ● Account Number <input type="text"/>		
	Will this refund go to an account outside the United States? ● <input type="checkbox"/> Yes			

These will reduce your refund

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.			
Your signature	Date	Signature of preparer other than taxpayer	● Preparer license no.
X		X NATHAN J. REAGAN, CPA	11235
Spouse's/RDP's signature (If filing jointly, BOTH must sign)		Address	Telephone No.
X		HANDY & REAGAN, LLC	503-635-6100
		4550 KRUSE WAY, SUITE 330	
		LAKE OSWEGO, OR 97035	
		RP L#: 2885	EIN: 45-3839748

If you owe, make your check or money order payable to the **Oregon Department of Revenue**. Write your daytime telephone number and '2013 Oregon Form 40' on your check or money order. Include your payment, along with the payment voucher with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay: Oregon Department of Revenue ▶ PO Box 14555 Salem OR 97309-0940	Refunds and No Tax Due: Oregon Department of Revenue ▶ PO Box 14700 Salem OR 97309-0930	Tax-to-Pay: Oregon Department of Revenue ▶ PO Box 14720 Salem OR 97309-0463	Refunds and No Tax Due: Oregon Department of Revenue ▶ PO Box 14710 Salem OR 97309-0460

Debbie: Thanks for the update-I am pleased that we are finally approaching the end of this journey.

Here is some information relative to the enclosed.

None of the documents are signed, although they are all true copies of what was computed (city dollars included and not included), and sent re our 2013 taxes. If that (not being signed) presents difficulties, we would be glad to attest, certify, sign, or whatever is necessary to indicate that they are all true.

Document #1 (a and b) is the two page 2013 Federal 1040, computed with the city sum of \$67,000 included (see line 21, #1a). We withhold tax on a monthly basis. The additional tax owed (see line 76) is \$16,665.

Document #2 (a and b) is the two page 2013 Federal 1040, computed without the city inclusion. There is no information on page 2a relative to this reimbursement procedure. Page 2b indicates that, because of our withholding tax, we were due for a refund of \$81.

Document 3a similarly has no pertinent information. Document 3b displays the Oregon tax with the City monies included. We again withhold taxes on a monthly basis, and line 53 shows the amount of additional tax (\$6098) based on the City contribution.

Document 4a again has no pertinent data. Document 4b shows the Oregon tax, based on no City contribution. We had been scheduled for a \$2 refund, which we diverted to a charity, leaving a net refund of \$0.

Summary:

- 1) Oregon tax went from \$0 dollars to an additional tax of \$6098 dollars.
- 2) Federal tax went from a refund of \$81. to an additional tax of \$16,665 dollars, resulting in a tax change of $\$81 + \$16,665 = \$16,746$.
- 3) Total tax increase = $\$6098 + \$16,746 = \$22,844$.

I hope that this information will be sufficient for your needs-please let me know if you need more or whatever.

Paul



Document #1a

187035

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial **Paul N** Last name **Herman** Your social security number **5913**

If a joint return, spouse's first name and initial **Polly P** Last name **Herman** Spouse's social security number **3950**

Home address (number and street). If you have a P.O. box, see instructions. **7025 SW 84th Ave** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Portland OR 97223**

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **2**

b ☒ Spouse } No. of children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **1**

Dependents on 6c not entered above **1**

Add numbers on lines above ▶ **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount **Other Income from box 3 of 1099-Misc** 21 **67,000.**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 **67,000.**

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37

Document # 1B

187035

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked 2	39a	2
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>	39b	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
	41	Subtract line 40 from line 38	41	
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	26,998.
	Other Taxes	56	Self-employment tax. Attach Schedule SE	56
57		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a		Household employment taxes from Schedule H	59a	
b		First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60		Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	26,998.	
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	10,333.
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/>	64b	
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	10,333.	
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number <input type="checkbox"/> X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/> X X X X X X X X X X X X X X X X X X		
75	Amount of line 73 you want applied to your 2014 estimated tax	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	16,665.
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below.

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation Retired	Daytime phone number (503) 244-1992
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Retired	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Self-Prepared	Firm's EIN	Phone no.	
Firm's address				

DOCUMENT #2a

187035

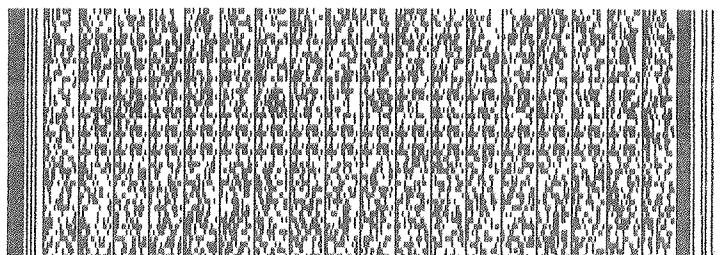
1040 Department of the Treasury—Internal Revenue Service (99)		U.S. Individual Income Tax Return		2013	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
or the year Jan. 1–Dec. 31, 2013, or other tax year beginning					, 2013, ending	, 20
Your first name and initial Paul N		Last name Herman		Your social security number 15913		
If a joint return, spouse's first name and initial Polly P		Last name Herman		Spouse's social security number 3950		
Home address (number and street). If you have a P.O. box, see instructions. 7025 SW 84th Ave					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Portland OR 97223						
Foreign country name		Foreign province/state/county		Foreign postal code		
Filing Status						
1 <input type="checkbox"/> Single						
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶						
4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶						
5 <input type="checkbox"/> Qualifying widow(er) with dependent child						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a						
b <input checked="" type="checkbox"/> Spouse						
c Dependents:						
(1) First name		Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	<input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>						
d Total number of exemptions claimed						
Income						
7 Wages, salaries, tips, etc. Attach Form(s) W-2						
8a Taxable interest. Attach Schedule B if required						
b Tax-exempt interest. Do not include on line 8a 8b [REDACTED]						
9a Ordinary dividends. Attach Schedule B if required						
b Qualified dividends 9b [REDACTED]						
10 Taxable refunds, credits, or offsets of state and local income taxes						
11 Alimony received						
12 Business income or (loss). Attach Schedule C or C-EZ						
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>						
14 Other gains or (losses). Attach Form 4797						
15a IRA distributions 15a [REDACTED] b Taxable amount 15b [REDACTED]						
16a Pensions and annuities 16a 73,067. b Taxable amount 16b [REDACTED]						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						
18 Farm income or (loss). Attach Schedule F						
19 Unemployment compensation						
20a Social security benefits 20a 29,662. b Taxable amount 20b [REDACTED]						
21 Other income. List type and amount						
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 [REDACTED]						
Adjusted Gross Income						
23 Educator expenses 23						
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24						
25 Health savings account deduction. Attach Form 8889 25						
26 Moving expenses. Attach Form 3903 26						
27 Deductible part of self-employment tax. Attach Schedule SE 27						
28 Self-employed SEP, SIMPLE, and qualified plans 28						
29 Self-employed health insurance deduction 29						
30 Penalty on early withdrawal of savings 30						
31a Alimony paid b Recipient's SSN ▶ 31a						
32 IRA deduction 32						
33 Student loan interest deduction 33						
34 Tuition and fees. Attach Form 8917 34						
35 Domestic production activities deduction. Attach Form 8903 35						
36 Add lines 23 through 35 36						
37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 [REDACTED]						

Standard Deduction for—	38	Amount from line 37 (adjusted gross income)	38	
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked 2		
• All others:	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
Single or Married filing separately, \$6,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
Married filing jointly or Qualifying widow(er), \$12,200	41	Subtract line 40 from line 38	41	
Head of household, \$8,950	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	10,252.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Add lines 55 through 60. This is your total tax	61	10,252.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	10,333.
	63	2013 estimated tax payments and amount applied from 2012 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	10,333.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	81.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	81.
Direct deposit? See instructions.	b	Routing number 1 2 3 0 0 0 2 2 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 5 3 6 0 4 4 5 4 4 5 1		
	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below.			
Designee's name	Phone no.	Personal identification number (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Retired	(503) 244-1992
			Retired	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Self-Prepared	Firm's EIN	
	Firm's address		Phone no.	

Document #3 a

187035

Amended return <input type="checkbox"/>		2013		For office use only	
Form 40		OREGON INDIVIDUAL INCOME TAX RETURN			
Full-Year Residents Only		Fiscal year ending			
5913		3950		K F P J	
HERMAN PAUL N DOB 1930				<input type="checkbox"/> DECEASED	
HERMAN POLLY P DOB 1930				<input type="checkbox"/> DECEASED	
7025 SW 84TH AVE		PHONE		<input type="checkbox"/> EXTENSION FILED	
				<input type="checkbox"/> 8886	
PORTLAND OR 97223		<input type="checkbox"/> NEW NAME/ADDRESS		<input type="checkbox"/> CLAIMED/DEPENDENT	
USA		FOR COMPUTER USE ONLY			
FILING STATUS: MARRIED JOINT		2a			
SPOUSE:					
PARTNER:					
QUALIFYING NAME:					
EXEMPTIONS:					
6A SELF: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED					
6B SPOUSE/RDP: <input checked="" type="checkbox"/> REGULAR <input checked="" type="checkbox"/> DISABLED		1			
[REDACTED]		1			
6D DISABLED CHILDREN ONLY:					
6E TOTAL EXEMPTIONS:		4			
7A SELF : <input checked="" type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND					
SPOUSE/RDP: <input checked="" type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND					

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 ● 8 [REDACTED] Round to the nearest dollar

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon... ● 9	[REDACTED]	
	10 Other additions. Identify: ● 10x [REDACTED] ● 10y \$ [REDACTED] Schedule included 10z <input type="checkbox"/> ● 10	[REDACTED]	
	11 Total additions. Add lines 9 and 10 ● 11	[REDACTED]	
	12 Income after additions. Add lines 8 and 11 ● 12	[REDACTED]	

SUBTRACTIONS	13 2013 federal tax liability (\$0-\$6,250; see instructions for the correct amount) ● 13	[REDACTED]	
	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... ● 14	[REDACTED]	
	15 Oregon income tax refund included in federal income..... ● 15	[REDACTED]	
	16 Interest from U.S. government, such as Series EE, HH, and I bonds ● 16	[REDACTED]	
	17 Federal pension income. See instructions, page 15. 17a [REDACTED] 17b [REDACTED] ... ● 17	[REDACTED]	
	18 Other subtractions. Identify: ● 18x 351 ● 18y \$ 636 Schedule included 18z <input type="checkbox"/> ● 18	[REDACTED]	
	19 Total subtractions. Add lines 13 through 18 ● 19	[REDACTED]	
	20 Income after subtractions. Line 12 minus line 19 ● 20	[REDACTED]	

DEDUCTIONS If you are claiming itemized deductions, fill in lines 21 and 23-25. If you are claiming the standard deduction, fill in line 26 only.			
DEDUCTIONS	21 Itemized deductions from federal Schedule A, line 29 ● 21	[REDACTED]	
	22 Do not complete line 22 22	[REDACTED]	
	23 Total Oregon itemized deductions. Add lines 21 and 22..... ● 23	[REDACTED]	
	24 State income tax claimed as an itemized deduction ● 24	[REDACTED]	
	25 Net Oregon itemized deductions. Line 23 minus line 24..... ● 25	[REDACTED]	
	OR		
	26 Standard deduction from page 19..... ● 26	[REDACTED]	
	27 Total deductions. Line 25 or line 26, whichever is larger ● 27	[REDACTED]	
28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- ● 28	[REDACTED]		

TAX	29 Tax. See instructions, page 19. Enter tax here ● 29	[REDACTED]	
	Check if tax is from: 29a <input checked="" type="checkbox"/> Tax tables or charts or ● 29b <input type="checkbox"/> Form FIA-40 or ● 29c <input type="checkbox"/> Worksheet FCG		
	30 Interest on certain installment sales..... ● 30	[REDACTED]	
31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS ● 31	[REDACTED]		

32 Total tax before credits from front of form, line 31.....		32	
NONREFUNDABLE CREDITS			
33 Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 6e by \$188. Otherwise, see instructions on page 20.....		33	
34 Retirement income credit. See instructions, page 20.....		34	
35 Child and dependent care credit. See instructions, page 21.....		35	
36 Credit for the elderly or the disabled. See instructions, page 21.....		36	
37 Political contribution credit. See limits, page 21.....		37	
Include proof	38 Credit for income taxes paid to another state. State: 38y <input type="text"/> Schedule included 38z <input type="checkbox"/>	38	
	39 Other credits. Identify: 39x <input type="text"/> 39y \$ <input type="text"/> Schedule included 39z <input type="checkbox"/>	39	
40 Total non-refundable credits. Add lines 33 through 39.....		40	
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....		41	10,294
PAYMENTS AND REFUNDABLE CREDITS			
42 Oregon income tax withheld. Include Form(s) W-2 and 1099		42	4,196
43 Estimated tax payments for 2013 and payments made with your extension.....		43	
43a <input type="checkbox"/> Wolf depredation 43b <input type="checkbox"/> Claim of right			
Include Schedule WFC if you claim this credit	44 Earned income credit. See instructions, page 23.....	44	
	45 Working family child care credit from WFC, line 18.....	45	
	46 Mobile home park closure credit. Include Schedule MPC.....	46	
47 Total payments and refundable credits. Add lines 42 through 46.....		47	4,196
48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41 OVERPAYMENT ➤		48	
49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47.... TAX TO PAY ➤		49	6,098
50 Penalty and interest for filing or paying late. See instructions, page 23.....		50	
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/> 51		51	
Exception # from Form 10, line 1 51a <input type="text"/> 4 Check box if you annualized 51b <input type="checkbox"/>			
52 Total penalty and interest due. Add lines 50 and 51.....		52	
53 Amount you owe. Line 49 plus line 52..... AMOUNT YOU OWE ➤		53	6,098
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52..... REFUND ➤		54	
55 Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax		55	
CHARITABLE CHECKOFF DONATIONS, PAGE 27 I want to donate part of my tax refund to the following fund(s)	American Diabetes Assoc. 56		
	SMART 58		
	The Nature Conservancy 60		
	Oregon Humane Society 62		
	Doernbecher Children's Hosp. 64		
	Charity code 66a <input type="text"/> 66b <input type="text"/>		
	Oregon Coast Aquarium 57		
	SOLV 59		
	St. Vincent DePaul Soc. of OR 61		
	The Salvation Army 63		
Oregon Veteran's Home 65			
Charity code 67a <input type="text"/> 67b <input type="text"/>			
See instructions	68 Political party \$3 checkoff. Party code: 68a <input type="text"/> You 68b <input type="text"/> Spouse/RDP.....	68	
	69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26.....	69	
	70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54.....	70	
71 NET REFUND. Line 54 minus line 70. This is your net refund..... NET REFUND ➤		71	

DIRECT DEPOSIT

72 For direct deposit of your refund, see instructions, page 27. • Type of account: ☐ Checking or ☐ Savings

• Routing 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, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date	Signature of preparer other than taxpayer	• Preparer license no.
X		X SELF PREPARED	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)	Date	Address	Telephone no.
X			

If you owe, make your check or money order payable to the Oregon Department of Revenue. Write your daytime telephone number and "2013 Oregon Form 40" on your check or money order. Include your payment, along with the payment voucher on page 23, with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay: Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Refunds and No Tax Due: Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Tax-to-Pay: Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Refunds and No Tax Due: Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460

Document 4

187035

Amended return ☐ Form **40** **OREGON INDIVIDUAL INCOME TAX RETURN** **2013**
Full-Year Residents Only Fiscal year ending

5913 13950

HERMAN PAUL N DOB 1930 ☐ DECEASED
HERMAN POLLY P DOB 1930 ☐ DECEASED
7025 SW 84TH AVE PHONE ☐ EXTENSION FILED
☐ 8886
PORTLAND OR 97223 ☐ NEW NAME/ADDRESS ☐ CLAIMED/DEPENDENT
USA FOR COMPUTER USE ONLY

FILING STATUS: MARRIED JOINT 2a
SPOUSE:
PARTNER:
QUALIFYING NAME:
EXEMPTIONS:
6A SELF: ☒ REGULAR ☐ DISABLED 1
6B SPOUSE/RDP: ☒ REGULAR ☒ DISABLED 2
6C 1
6D DISABLED CHILDREN ONLY:
6E TOTAL EXEMPTIONS: 4
7A SELF : ☒ 65 OR OLDER ☐ BLIND
SPOUSE/RDP: ☒ 65 OR OLDER ☐ BLIND

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 Round to the nearest dollar
8

ADDITIONS 9 Interest and dividends on state and local government bonds outside of Oregon... 9
10 Other additions. Identify: 10x 10y \$ Schedule included 10z 10
11 Total additions. Add lines 9 and 10 11
12 Income after additions. Add lines 8 and 11 12

SUBTRACTIONS 13 2013 federal tax liability (\$0-\$6,250; see instructions for the correct amount) 13
Include proof of withholding (W-2s, 1099s), payment, and payment voucher
14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... 14
15 Oregon income tax refund included in federal income 15
16 Interest from U.S. government, such as Series EE, HH, and I bonds 16
17 Federal pension income. See instructions, page 15. 17a 17b ... 17
18 Other subtractions. Identify: 18x 18y \$ 572 Schedule included 18z 18
19 Total subtractions. Add lines 13 through 18 19
20 Income after subtractions. Line 12 minus line 19 20

DEDUCTIONS If you are claiming itemized deductions, fill in lines 21 and 23-25. If you are claiming the standard deduction, fill in line 26 only.

21 Itemized deductions from federal Schedule A, line 29 21
22 22
23 Total Oregon itemized deductions. Add lines 21 and 22 23
24 State income tax claimed as an itemized deduction 24
25 Net Oregon itemized deductions. Line 23 minus line 24 25
OR
26 Standard deduction from page 19 26
27 Total deductions. Line 25 or line 26, whichever is larger 27
28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- 28

TAX 29 Tax. See instructions, page 19. Enter tax here 29
Check if tax is from: 29a ☒ Tax tables or charts or 29b ☐ Form FIA-40 or 29c ☐ Worksheet FCG
30 Interest on certain installment sales 30
31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS 31

32 Total tax before credits from front of form, line 31.....		32	
NONREFUNDABLE CREDITS	33 Exemption credit. If the amount on line 8 is less than \$100,000, multiply your total exemptions on line 8 by \$188. Otherwise, see instructions on page 20.....	33	752
	34 Retirement income credit. See instructions, page 20.....	34	
	35 Child and dependent care credit. See instructions, page 21.....	35	
	36 Credit for the elderly or the disabled. See instructions, page 21.....	36	
	37 Political contribution credit. See limits, page 21.....	37	
	38 Credit for income taxes paid to another state. State: 38y <input type="checkbox"/> Schedule included 38z <input type="checkbox"/>	38	
	39 Other credits. Identify: 39x <input type="checkbox"/> 39y \$ <input type="checkbox"/> Schedule included 39z <input type="checkbox"/>	39	
	40 Total non-refundable credits. Add lines 33 through 39.....	40	
	41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....	41	4,194
	ADD TOGETHER		
PAYMENTS AND REFUNDABLE CREDITS	42 Oregon income tax withheld. Include Form(s) W-2 and 1099	42	4,196
	43 Estimated tax payments for 2013 and payments made with your extension.....	43	
	43a <input type="checkbox"/> Wolf depredation 43b <input type="checkbox"/> Claim of right		
	44 Earned income credit. See instructions, page 23.....	44	
	45 Working family child care credit from WFC, line 18.....	45	
	46 Mobile home park closure credit. Include Schedule MPC.....	46	
	47 Total payments and refundable credits. Add lines 42 through 46.....	47	4,196
	48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41.... OVERPAYMENT >.....	48	2
	49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47.... TAX TO PAY >.....	49	
	50 Penalty and interest for filing or paying late. See instructions, page 23.....	50	
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/>	51		
Exception # from Form 10, line 1 51a <input type="checkbox"/> Check box if you annualized 51b <input type="checkbox"/>			
52 Total penalty and interest due. Add lines 50 and 51.....	52		
53 Amount you owe. Line 49 plus line 52..... AMOUNT YOU OWE >.....	53		
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52..... REFUND >.....	54	2	
55 Estimated tax. Fill in the part of line 54 you want applied to 2014 estimated tax.....	55		
CHARITABLE CHECKOFF DONATIONS, PAGE 27	American Diabetes Assoc. 56		
	SMART 58		
	The Nature Conservancy 60		
	Oregon Humane Society 62		
	Doernbecher Children's Hosp. 64		
	Charity code 66a <input type="checkbox"/> 25 66b <input type="checkbox"/> 2		
	Oregon Coast Aquarium 57		
	SOLV 59		
	St. Vincent DePaul Soc. of OR 61		
	The Salvation Army 63		
Oregon Veteran's Home 65			
Charity code 67a <input type="checkbox"/> 67b <input type="checkbox"/>			
68 Political party \$3 checkoff. Party code: 68a <input type="checkbox"/> You 68b <input type="checkbox"/> Spouse/RDP.....	68		
69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26.....	69		
70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54.....	70	2	
71 NET REFUND. Line 54 minus line 70. This is your net refund..... NET REFUND >.....	71	0	
These will reduce your refund			

DIRECT DEPOSIT	72 For direct deposit of your refund, see instructions, page 27.	Type of account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
	Routing No. <input type="text"/> Account No. <input type="text"/>	
Will this refund go to an account outside the United States? <input type="checkbox"/> Yes		

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.			
Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.			
Your signature	Date	Signature of preparer other than taxpayer	Preparer license no.
X		X SELF PREPARED	
Spouse's/RDP's signature (if filing jointly, BOTH must sign)	Date	Address	Telephone no.
X			

If you owe, make your check or money order payable to the Oregon Department of Revenue.
Write your daytime telephone number and "2013 Oregon Form 40" on your check or money order.
Include your payment, along with the payment voucher on page 23, with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay:	Refunds and No Tax Due:	Tax-to-Pay:	Refunds and No Tax Due:
Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460



Department of Treasury
Internal Revenue Service
5045 E BUTLER AVE
FRESNO CA 93888-0021

031210.366075.326952.11357 2 AB 0.406 1286
[Barcode]

HEATHER KEITHLY
4570 W DEER PATH DR
BOISE ID 83714-8871



031210



Notice CP2000
Tax Year 2013
Notice date December 29, 2014
Social Security number .186
AUR control number 50003-7129
To contact us Phone 1-800-829-3009
Fax 1-877-477-0962

Page 1 of 9



53874118620131

187035

Changes to your 2013 Form 1040

Proposed amount due: \$3,085

The income and payment information we have on file from sources such as employers or financial institutions doesn't match the information you reported on your tax return. If our information is correct, you will owe \$3,085 (including interest), which you need to pay by January 28, 2015.

Summary of proposed changes

Tax you owe	\$3,013
Payments	\$0
Interest	\$72
Amount due by January 28, 2015	\$3,085

What you need to do immediately

Review this notice, and compare our changes to the information on your 2013 tax return.

If you agree with the changes we made

- Complete, sign and date the Response form on Page 7, and mail it to us along with your payment of \$3,085 so we receive it by January 28, 2015.
- If you can't pay the amount due, pay as much as you can now, and make payment arrangements that allow you to pay off the rest over time. If you want to apply for an installment plan, send in your Response form AND a completed Installment Agreement Request (Form 9465). Download Form 9465 from www.irs.gov, or call 1-800-829-3676 to request a copy. You can also save time and money by applying online if you qualify. Visit www.irs.gov and search for keyword: "tax payment options" for more information about:
 - Installment and payment agreements
 - Payroll deductions
 - Credit card payments

If you don't agree with the changes

Complete the Response form on Page 7, and send it to us along with a signed statement and any documentation that supports your claim so we receive it by January 28, 2015.

If we don't hear from you

If we don't receive your response by January 28, 2015, we will send you a Statutory Notice of Deficiency followed by a final bill for the proposed amount due. During this time, interest will increase and penalties may apply.

Continued on back...



Notice CP2000
Tax Year 2013
Notice date December 29, 2014
Social Security number 186
Page 2 of 9

Changes to your 2013 tax return

Your income and deductions	Shown on return	As corrected by IRS	Difference
Interest	\$0	\$24	\$24
Other income	\$0	\$42,000	\$42,000
Income net difference			\$42,024
Change to taxable income			\$42,024

Your tax computations	Shown on return	As corrected by IRS	Difference
Taxable income, line 43	-\$11,650	\$30,374	\$42,024
Tax, line 44	\$0	\$3,919	\$3,919
Child tax credit, line 51	\$0	\$1,000	\$1,000
Total tax, line 61	\$0	\$2,919	\$2,919
Earned income credit, line 64a	\$94	\$0	-\$94
Tax you owe *1			\$3,013

Payments	Shown on return	As corrected by IRS	Difference
Income tax withheld, line 62	\$22	\$22	\$0
Total payments			\$0

(*1) Increases to credits result in a decrease to tax.

Explanation of changes to your 2013 Form 1040 This section tells you specifically what income information the IRS received about you from others (including your employers, banks, mortgage holders, etc.). This information doesn't match the information you reported on your tax return.

Use the table to compare the data the IRS received from others to the information you reported on your tax return to understand where the difference(s) occurred. To assist you in reviewing your income amounts, the table may include both reported and unreported amounts.

Interest					
Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
UMPQUA BANK	PO BOX 1820 ROSEBURG OR 97470	00000000000046126 SSN 1186 Form 1099-INT	\$0	\$24	\$24

Other Income					
Received from	Address	Account Information	Shown on return	Reported to IRS by others	Difference
CITY OF PORTLAND ACCOUNTING DIVISION	1120 SW 5TH AVE ROOM 1250 PORTLAND OR 972041912	0000116036 SSN 1186 Form 1099-MISC	\$0	\$42,000	\$42,000

RESPONSE CONFIRMATION TIMEFRAME

If you submit a Form 1040X, U.S. Amended Individual Income Tax Return, please notate CP2000 or CP2501 at the top of the first page. When mailing your response, please use the envelope provided and also allow 3-4 weeks for confirmation of receipt.