

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

_____ [1]
Taxpayer Spouse

Number of months of federal service before 10/01/1991 (Federal employees)

_____ [2] _____ [3]

Total number of months of federal service (Federal employees)

_____ [4] _____ [5]

Prior year child care expenses paid in current year

_____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Mark to donate surplus credit (kicker) to the State School Fund _____ [7]

| | | | |
|----------------------------------|------------|---|------------|
| Planned Parenthood | _____ [8] | Stop Domestic and Sexual Violence | _____ [23] |
| Lions Sight & Hearing Foundation | _____ [9] | Habitat for Humanity | _____ [24] |
| Shriners Hospitals for Children | _____ [10] | Head Start Association | _____ [25] |
| Special Olympics | _____ [11] | American Diabetes Association | _____ [26] |
| Susan G. Komen for the Cure | _____ [12] | SMART - Start Making A Reader Today | _____ [27] |
| Military Assistance Program | _____ [13] | Oregon Coast Aquarium | _____ [28] |
| Historical Society | _____ [14] | SOLV - Stop Oregon Litter and Vandalism | _____ [29] |
| Food Bank | _____ [15] | The Nature Conservancy | _____ [30] |
| Albertina Kerr Kid's Crisis Care | _____ [16] | St. Vincent DePaul Society of Oregon | _____ [31] |
| American Red Cross | _____ [17] | Oregon Humane Society | _____ [32] |
| Cascade AIDS Project | _____ [18] | The Salvation Army | _____ [33] |
| Veterans Suicide Prevention | _____ [19] | Doernbecher Children's Hospital | _____ [34] |
| Oregon Non-game Wildlife | _____ [20] | Oregon Veteran's Home | _____ [35] |
| Prevent Child Abuse | _____ [21] | ALS Association | _____ [36] |
| Alzheimer's Disease Research | _____ [22] | | |

Political party you wish to make contributions to:

Political Party _____ [37] Taxpayer Spouse _____ [38]

Political Party Contributions

| | | |
|------------------------------------|-------------------------------------|--|
| 500 = Constitution Party of Oregon | 503 = Libertarian Party of Oregon | 506 = Progressive Party |
| 501 = Democratic Party of Oregon | 504 = Oregon Republican Party | 507 = Working Families Party of Oregon |
| 502 = Independent Party of Oregon | 505 = Pacific Green Party of Oregon | |

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

| | Taxpayer | Spouse |
|---------------------|------------|------------|
| Dates of residency: | | |
| From | _____ [39] | _____ [41] |
| To | _____ [40] | _____ [42] |

Credit for Home Care of an Elderly Person

Name _____ [43]

Birth date, social security number _____ [44] _____ [45]

Expenses you incurred or paid for home care of an elderly person:

| | |
|---------------------|---------------------------|
| Food _____ [46] | Medical care _____ [48] |
| Clothing _____ [47] | Transportation _____ [49] |

NOTES/QUESTIONS: