Form ID: OR  Oregon General Information					
Indicate if severely disabled (T = Taxpayer, S = Spo	ouse, B = Both)				[1]
Number of months of federal service before 10/01/1991 (Federal employees)				Taxpayer [2]	Spouse [3]
Total number of months of federal service (Federal employees)				[4]	[5]
		. •			
Contributions  Amount of charitable contributions you wish to make to:					
		,			
Planned Parenthood	[6]	Stop Domestic and	<del></del>		[21]
Lions Sight & Hearing Foundation	[7]	Habitat for Humanity			[22]
Shriners Hospitals for Children	[8]	Head Start Association			[23]
Special Olympics	[9]	American Diabetes			[24]
Susan G. Komen	[10]	9			[25]
Military Assistance Program	[11]				[26]
Historical Society	[12]	SOLVE - Stop Oregon Litter and Vandalis			[27]
Food Bank	[13]	•			[28]
Albertina Kerr Kid's Crisis Care	[14]	, ,			[29]
American Red Cross	[15]	•			[30]
Cascade AIDS Project	[16]	The Salvation Army	_		[31]
Veterans Suicide Prevention	[17]	Doernbecher Child			[32]
Oregon Non-game Wildlife	[18]	Oregon Veteran's Home			[33]
Prevent Child Abuse	[19]	ALS Association			[34]
Alzheimer's Disease Research	[20]				
	Political party you wish to	make contributions	to:		
5 W. 15 .				Taxpayer	Spouse
Political Party				[35]	[36]
	Political Party (	Contributions			
FOO - Constitution Bouts of Overen	502 Libti Pt-		FOC D	_	
500 = Constitution Party of Oregon 501 = Democratic Party of Oregon	503 = Libertarian Party of Oregon 504 = Oregon Republican Party		506 = Progressive Party		
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon		507 = Working Families Party of Oregon		
302 - Muependent Party of Oregon	505 = Pacific Green Party	or Oregon			
D	ort year Basidant and D	Januari dan tilufa			
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:			iunpujei	Зþ	- use
From			[37]		[39]
То			[38]	<del>*</del>	[59] [40]
		-	[30]	<del>1</del>	[170]

NOTES/QUESTIONS: