## Oregon General Information

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

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

## Contributions Amount of charitable contributions you wish to make to:

Cascade AIDS Project	[6]	The Salvation Army	
Veterans Suicide Prevention	[7]	Doernbecher Children's Hospital	
Oregon Non-game Wildlife	[8]	Oregon Veteran's Home	
Prevent Child Abuse	[9]	ALS Association	
Alzheimer's Disease Research	[10]	Planned Parenthood	
Stop Domestic and Sexual Violence	[11]	Lions Sight & Hearing Foundation	
Habitat for Humanity	[12]	Shriners Hospitals for Children	
Head Start Association	[13]	Special Olympics	
American Diabetes Association	[14]	Susan G. Komen	
SMART - Start Making A Reader Today	[15]	Military Assistance Program	

American Diabetes Association	
SMART - Start Making A Reader Today	
Oregon Coast Aquarium	
SOLVE - Stop Oregon Litter and Vandalism	
The Nature Conservancy	
St. Vincent DePaul Society of Oregon	
Oregon Humane Society	

Political party you wish to make contributions to:

[18]

[19]

[20]

[16] Historical Society

Albertina Kerr Kid's Crisis Care

American Red Cross

[17] Food Bank

	Political Party		Taxpayer Spouse	ĺ
		Political Party Contributions		
	500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party	
	501 = Democratic Party of Oregon			
	502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon		

	Part-year Resident and Nonre	sident Information	
	If you were a part-year resident during the tax year	r, enter the dates you lived in Oregon	]
		Taxpayer	Spouse
Dates of residency:			
From		[37]	[39
То		[38]	[40

NOTES/QUESTIONS:

[1] Spouse

[3]

[21]

[22]

[23]

[24]

[25]

[26]

[27]

[28] [29] [30]

[31]

[32]

[33]

[34]

Taxpayer

[4]

[2]

[5]