



Form ID: OR Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both) _____ [1]

Taxpayer _____ [2] Spouse _____ [3]

Number of months of federal service before 10/01/1991 (Federal employees) _____ [4]

Total number of months of federal service (Federal employees) _____ [5]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____ [6]	The Salvation Army	_____ [21]
Veterans Suicide Prevention	_____ [7]	Doernbecher Children's Hospital	_____ [22]
Oregon Non-game Wildlife	_____ [8]	Oregon Veteran's Home	_____ [23]
Prevent Child Abuse	_____ [9]	ALS Association	_____ [24]
Alzheimer's Disease Research	_____ [10]	Planned Parenthood	_____ [25]
Stop Domestic and Sexual Violence	_____ [11]	Lions Sight & Hearing Foundation	_____ [26]
Habitat for Humanity	_____ [12]	Shriners Hospitals for Children	_____ [27]
Head Start Association	_____ [13]	Special Olympics	_____ [28]
American Diabetes Association	_____ [14]	Susan G. Komen	_____ [29]
SMART - Start Making A Reader Today	_____ [15]	Military Assistance Program	_____ [30]
Oregon Coast Aquarium	_____ [16]	Historical Society	_____ [31]
SOLVE - Stop Oregon Litter and Vandalism	_____ [17]	Food Bank	_____ [32]
The Nature Conservancy	_____ [18]	Albertina Kerr Kid's Crisis Care	_____ [33]
St. Vincent DePaul Society of Oregon	_____ [19]	American Red Cross	_____ [34]
Oregon Humane Society	_____ [20]		

Political party you wish to make contributions to:

Political Party

Taxpayer _____ [35] Spouse _____ [36]

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

Dates of residency:

From _____ [37] Spouse _____ [39]

To _____ [38] Spouse _____ [40]

NOTES/QUESTIONS: