



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: OR

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)

| | Taxpayer | Spouse |
|-----------|----------|-----------|
| _____ [1] | | |
| _____ [2] | | _____ [3] |
| _____ [4] | | _____ [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:

| | Taxpayer | Spouse |
|-----------------|------------|------------|
| Political Party | _____ [35] | _____ [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

| | Taxpayer | Spouse |
|---------------------|------------|------------|
| Dates of residency: | | |
| From | _____ [37] | _____ [39] |
| To | _____ [38] | _____ [40] |

NOTES/QUESTIONS: