Form ID: OR Oregon General Information						
Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)				Taxpayer	[1] 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]	
				<u></u> -		
Contributions						
Amount of charitable contributions you wish to make to:						
Cascade AIDS Project	[6]	Oregon Humane	Society		[20]	
Veterans Suicide Prevention	[7]	The Salvation Army			[21]	
Oregon Non-game Wildlife	[8]	Doernbecher Children's Hospital		[22]		
Prevent Child Abuse	[9]	Oregon Veteran's Home			[23]	
Alzheimer's Disease Research	[10]	ALS Association			[24]	
Stop Domestic and Sexual Violence	[11]	Planned Parenthood			[25]	
Habitat for Humanity	[12]	Lions Sight & Hearing Foundation			[26]	
Head Start Association	[13]	Shriners Hospitals for Children			[27]	
American Diabetes Association	[14]	Special Olympics			[28]	
SMART - Start Making A Reader Today _	[15]	Military Assistance Program			[29]	
Oregon Coast Aquarium	[16]	Historical Society			[30]	
SOLVE - Stop Oregon Litter and Vandalism _	[17]				[31]	
The Nature Conservancy	[18]				[32]	
St. Vincent DePaul Society of Oregon	[19]	American Red Cross			[33]	
	Political party you wish to	make contributio	ons to:			
	Tollical party you wish to	make contribution	5113 to.	Taxpayer	Spouse	
Political Party				[34]	[35]	
	Dolitical Darty	Contributions				
Political Party Contributions						
500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon 506 = Progress		-			
501 = Democratic Party of Oregon			507 = Working F	king Families Party of Oregon		
502 = Independent Party of Oregon	505 = Pacific Green Par	ty of Oregon				
					1	
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	Sp	ouse	
Dates of residency:						
From		-	[36]		[38]	
То		-	[37]		[39]	

NOTES/QUESTIONS: