Form ID: OR

Oregon General Information

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

	Taxpayer	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]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____[6]	Oregon Humane Society	_____[21]
Veterans Suicide Prevention	_____[7]	The Salvation Army	_____[22]
Oregon Non-game Wildlife	_____[8]	Doernbecher Children's Hospital	_____[23]
Prevent Child Abuse	_____[9]	Oregon Veteran's Home	_____[24]
Alzheimer's Disease Research	_____[10]	ALS Association	_____[25]
Stop Domestic and Sexual Violence	_____[11]	Planned Parenthood	_____[26]
Habitat for Humanity	_____[12]	Lions Sight & Hearing Foundation	_____[27]
Head Start Association	_____[13]	Shriners Hospitals for Children	_____[28]
American Diabetes Association	_____[14]	Special Olympics	_____[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]
Girl Scouts of Oregon & SW Washington	_____[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	508 = We the People Party

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: