

## ANNUAL CERTIFICATION FOR FARMWORKER HOUSING CREDIT

| Taxpayer Name   |                    |                 | Social Security No. or Business Identification |             |   |                 | ion No    | Tax Year |  |
|---|--------------------|-----------------|--|-------------|---|-----------------|-----------|----------|--|
| Taxpayer mamo   |                    |                 |  | Suciai Good | IIII INO. OI DUG.   | Hess Identinous | IUII ING. | Tax Toai |  |
|   |                    |                 |  |             |   |                 |           |          |  |
| Street Address  |                    |                 | City   | <u> </u>    |   | State           | ZIP C     | ode      |  |
|   |                    |                 |  |             |   |                 |           |          |  |
|   |                    |                 |  |             |   |                 |           |          |  |
| Check one: ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Individual   |                    |                 |  |             |   |                 |           |          |  |
| As the owner or operator of a farmworker housing camp you are required to complete this certification form each year to maintain your eligibility to claim the farmworker housing credit.   |                    |                 |  |             |   |                 |           |          |  |
| <ul> <li>If you are a corporation, S Corporation, or partnership attach this completed form to your annual Oregon Form 20<br/>(corporation excise), Form 20-S (S corporation), or Form 65 (partnership) tax return.</li> </ul>    |                    |                 |  |             |   |                 |           |          |  |
| <ul> <li>If you are an individual you must keep this completed form with your permanent tax records and make it available to the Oregon Department of Revenue upon request.</li> </ul>  |                    |                 |  |             |   |                 |           |          |  |
| Project/Camp Owner's Name   |                    |                 |  |             | Social Security No. or Oregon Business Identification No. |                 |           |          |  |
| Housing Project/Camp Address  |                    |                 | City   |             |   | State Z         |           | ZIP Code |  |
|   |                    |                 |  |             |   | Oregon          |           |          |  |
| Project/Camp Operator's Name  |                    |                 |  |             |   |                 |           |          |  |
|   |                    |                 |  |             |   |                 |           |          |  |
| In accordance with Oregon Revised Statute 315.164, I certify that all occupied farmworker housing units as identified above, and for which the credit is being claimed, are occupied by farmworkers and their immediate families. |                    |                 |  |             |   |                 |           |          |  |
| Signature of Owner  | er/Operator        |                 |  |             | Date  |                 |           |          |  |
| X   |                    |                 |  |             |   |                 |           |          |  |
| IMPORTANT: Attach to Form 20, Form 20-S, or Form 65 if you are a corporation, S corporation, or partnership.  |                    |                 |  |             |   |                 |           |          |  |
| Allach  | to Form 20, Form 2 | .u-3, or Form 6 | oo ii you are                                  | a corpor    | ation, 5 co   | rporation,      | or part   | nersnip. |  |

Attach to Form 20, Form 20-S, or Form 65 if you are a corporation, S corporation, or partnership.

Keep with your tax records if you are an individual.