



2008 State of Oregon Child Care Contribution Tax Credit Form

Date

Name of Taxpayer (business or individual)

EIN, Social Security, or Tax ID Number

Address (business or individual)

City

State

Zip

Phone Number

Amount of Contribution

Check Number

Please make checks
payable to:
**Child Care Contribution
Tax Credit**

Send completed form and check to:

**Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395
Fax: 503-947-1428**

For questions about the Child Care Contribution Tax Credit Program,
contact Dawn Norris at 503-947-1418 or 1-800-556-6616.

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