



2008 State of Oregon Child Care Contribution Tax Credit Refund 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 Original Contribution

Requested Refund Amount

I am hereby requesting that the above requested amount be refunded from my tax credit contribution for the 2008 tax year.

Signature

Send completed form with signature to:

**Child Care Contribution Tax Credit
Attn: Business Services
875 Union St NE
Salem OR 97311
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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