

To: **ODOE Pass-through Partner Program** Fax No.: **503-378-6000 (Salem)**

Phone: 503-378-8444 (Salem)

From: _____ Fax No.: _____

Phone: _____

**Business Energy Tax Credit
Oregon Department of Energy
Pass-through Partner Agreement**

1. Project information		
Business name:		Application #
Contact person:		Title:
Phone:		E-mail:
Site address:		
City:	County:	Zip:

Important: There may be tax implications to using the Pass-through Option. Please consult your tax preparer.

OVER

This message and any attachments contain information which may be confidential and/or privileged, and is intended for use only by the addressee(s) named on this transmission. If you are not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are notified that any review, copying, distribution or use of this transmission is strictly prohibited. If you have received this transmission in error, please (1.) notify the sender immediately by e-mail or by telephone and (2.) destroy all copies of this message.

2. Pass-through Partner Statement (tax credit recipient) Please photocopy for each partner

1. I understand that OAR 330-090-0130 authorizes the Oregon Department of Energy to use my federal tax identification or social security number as an identification number in maintaining internal records and may be shared with the Oregon Department of Revenue to establish the identity of an individual in order to administer state tax law.
2. I understand that as tax credit recipient, I must comply with Oregon Department of Revenue requirements to document that the credit has been appropriately assigned, allocated or transferred, and claimed, and that compliance is subject to audit.
3. I understand that this tax credit application is a public record and that Oregon Department of Energy may be required by law to disclose information in this tax credit application to the public on request. I have marked any information that I request be kept confidential. I understand that marking information does not guarantee that it will be kept confidential and that the Director of the Oregon Department of Energy will make any decisions regarding public disclosure of information contained in this application in accordance with the Oregon Public Records Law.
4. I understand that the Oregon Department of Energy does not endorse any company that requests information on this application and does not sell information as a mailing list.
5. I hereby release the State of Oregon and its commissions, agencies, officers, employees, contractors, and agents, and agree to defend and indemnify the foregoing from and against any claims, demands, or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to the Oregon Department of Energy's issuance or failure to issue any pre-certification or final certification for a Business Energy Tax Credit, or any party's inability to obtain a Business Energy Tax Credit.
6. I verify that the tax credit recipient does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference or gender.
7. I have completed this form to the best of my knowledge.

Pass-through Partner / Tax Credit Recipient <i>(Please print)</i>		Business Energy Tax Credit #	
Soc. Sec. or Tax I.D. #:		Tax Credit share:	%
Name of tax credit recipient:			
Phone:			
Mailing address:			
City/state/zip:			
<input type="checkbox"/> I have read and agree with the terms and conditions of the Pass-through Partner Statement above.			
Signature:		Date:	
Name (please print)			

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Mail to: Oregon Department of Energy
Pass-through Option Program
625 Marion St. NE
Salem, OR 97301-3737