

**OREGON AFFIDAVIT
FOR A NONRESIDENT OWNER*
IN A PASS-THROUGH ENTITY**

2006

For calendar year 2006 or fiscal year ending: _____

For Office Use Only
Date Received

*An owner is any person, member, or shareholder who owns an interest in a pass-through entity.

NONRESIDENT OWNER INFORMATION

Name of Nonresident Owner			Social Security No. or Federal Employer Identification No.
Street or Mailing Address			Oregon Business Identification No. (if applicable)
City	State	ZIP Code	Telephone Number ()

PASS-THROUGH ENTITY INFORMATION

Name of Pass-Through Entity			Federal Identification Number
Street or Mailing Address			Oregon Business Identification Number
City	State	ZIP Code	Telephone Number ()

AGREEMENT TO FILE

I agree to timely file a 2006 Oregon income or excise tax return and to make timely payments of all taxes imposed by the state of Oregon with respect to my share of the Oregon income of the pass-through entity named above. I also agree to be subject to the jurisdiction of the state of Oregon for purposes of the collection of unpaid income tax, together with related penalties and interest.

SIGNATURE

Taxpayer's or Authorized Agent's Signature	Date
X	

150-101-175 (1-06) Web

Mail to:

**OREGON DEPARTMENT OF REVENUE
PTAC COMPLIANCE
955 CENTER ST NE
SALEM OR 97301-2555**