

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

Beginning with tax year: _____

For Office Use Only
Date Received

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 ()
Ownership Percentage %	Estimated Oregon-Source Distributive Income Each Year \$		

PASS-THROUGH ENTITY INFORMATION

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

This form must be filed every time a change occurs.

AGREEMENT TO FILE

I agree to timely file all required Oregon income or excise tax return(s) 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 understand that I am 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	

REVOCATION

By signing below, I also agree to the following:

- I am subject to withholding on the income from the above-listed PTE;
 I am no longer an owner in the above-listed PTE; or
 I am joining in the filing of an Oregon Composite Return.

SIGNATURE

Taxpayer's or Authorized Agent's Signature	Date
X	

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