



Data Transfer Request for Other Agency Accounts Program

| |
|--------------------------------|
| DEPARTMENT OF REVENUE USE ONLY |
| Date received |

To be completed by agency requesting data transfer

| | | |
|-----------------------|----------------|------------------------------|
| Assigning agency name | Contact person | Telephone number () |
| Agency address | | Program code |

Type of medium used for transfer:

- FTS (ITA Job 628R) number of records _____
 FTS directory: / _____
 Transfer file name (FTS): _____
- Diskette (ITB Job 628R) number of records _____

File format :

- Fixed—ASCII
 Comma Delimited

Other Requests:

- Reconciliation Request (ITC Job 011R)
 Please place my text format reconciliation on the following medium:
- FTS Directory: / _____
- Paper CD

| | |
|---|----------------------|
| New accounts are certified to be liquidated debts. | Date sent to Revenue |
|---|----------------------|

If you have questions or need help, contact the OAA Program Analyst at 503-945-8771.

Please fax or mail a copy of this completed form to: **Oregon Department of Revenue
 Attn: OAA—Program Analyst II
 955 Center St NE
 Salem OR 97301-2555
 Fax: 503-947-2050**

To be completed by Department of Revenue

- Request received in OAA on: by _____
- File validated and/or request sent
 to oaa directory/IT Services on: by _____
- Completed by IT Services on: by _____
- Suspense received on: by _____ # suspended: _____
- Suspense worked on: by _____ # deleted: _____
- Completed reconciliation received on: by _____ # of records: _____
- Medium/suspense/reconciliation returned
 to agency on: by _____