Clear Form

OREGON DEPARTMENT OF REVENUE

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 _____