

To: **ODOE Pass-through Partner Program** Fax No.: **503-934-4006 (Salem)** Phone: 503-378-8444 (Salem)

From: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Phone: \_\_\_\_\_

**Oregon Department of Energy Pass-through Partner Agreement**  
*(Use this form if working through a CPA, financial planner or other intermediary)*

*---Please print---*

<b>1. Project owner information (Complete one agreement for each project and partner)</b>	
Name of project owner:	
Application number:	
<b>2. Intermediary information</b>	
Name of firm working with you:	
Name of contact person at the firm:	
Mailing Address:	
City, state, Zip:	
Phone:	FAX:
E-mail:	

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

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.

**3. Pass-through partner/Tax credit recipient***Please print*

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. The undersigned Tax Credit Recipient hereby releases the State of Oregon and its commissions, agencies, officers, employees, contractors, and agents, and agrees 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 claims made by Tax Credit Recipient or any parent or subsidiary of Tax Credit Recipient and which are related in any way to the Oregon Department of Energy's issuance or failure to issue any pre-certification or final certification to applicant for a Business Energy Tax Credit, or the inability to obtain a Business Energy Tax Credit. This release and indemnification does not affect the right of the undersigned to claim a Business Energy Tax Credit on an Oregon tax return under a final certification issued by the Oregon Department of Energy and in accordance with applicable law.
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****Application #**

Tax credit recipient name (Please print)

Recipient's SSN or Tax I.D. #:

Tax Credit share:

%

By signing this agreement, I certify that I am an individual or corporation that has an Oregon tax liability. (A pass-through tax credit may **not** be issued to a partnership, an LLC, or an LLP filing taxes as a partnership.)

Recipient's mailing address:

City/state/zip:

Recipient phone:

Recipient E-mail:

By signing this agreement, I certify that I have read and agree with the terms, conditions of the Pass-through Partner/Tax Credit Recipient Statement above and have not altered it in any way.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All fields must be complete or application will be returned. Please print clearly.**