



2017 State of Oregon Child Care Contribution Tax Credit Refund Form

Date: _____

Name of Taxpayer (business or individual): _____

EIN, Social Security, or Tax ID Number _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Amount of Original Contribution: _____

Requested Refund Amount: _____

I am hereby requesting that the above requested amount be refunded from my tax credit contribution for the 2016 tax year.

Signature

Send completed form:

**Early Learning Division
Attn: Sandy Gorsage
755 Summer St. Ne, STE 300
Salem OR 97301
Fax: 503-947-1955**

For questions about the Child Care Contribution Tax Credit Program,
contact Sandy Gorsage at 503-947-3121 or 1-800-556-6616.

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