

# 2014 State of Oregon Child Care Contribution Tax Credit Form

Date

Name of Taxpayer (business or individual)

EIN, Social Security, or Tax ID Number

Address (business or individual)

City

State

Zip

Phone Number

Amount of Contribution

Check Number

Please make checks  
payable to:  
**Child Care Contribution  
Tax Credit**

Send completed form and check to: **Office of Child Care Unit 22  
PO Box 4395  
Portland OR 97208-4395**

For questions about the Child Care Contribution Tax Credit Program,  
contact Lisa DeMoe at 503-947-3123 or 1-800-556-6616.

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