

Form OR-TCC

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(Rev. 06-23-23, ver. 01)

Oregon Department of Revenue



Office use only

Tax Compliance Certification

Submit original form—do not submit photocopy.

Part 1—To be completed by applicant

Check one: <input type="checkbox"/> Owner/officer <input type="checkbox"/> Employee	Preferred response communication method (check one): <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Applicant first name	Initial	Applicant last name	Social Security number (SSN) or Individual taxpayer identification number (ITIN)
Address		City	State ZIP code
Business name		Federal employer identification number (FEIN)	
Doing business as (DBA) or assumed business name (ABN) if applicable		Business identification number (BIN)	
Business address		City	State ZIP code
Phone	Fax	Email	
Business type (check one): <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			
Did you have employees working for you within the past 12 months? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____			
Do you expect to have employees working for you within the next 12 months? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____			

Part 2—Authorization

I hereby authorize the Oregon Department of Revenue and its employees to disclose to _____ whether the applicant or business entity named above has filed all required tax returns and/or whether the applicant or business entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant or business entity, including all business owners indicated above. This authorization remains in effect until (MM/DD/YYYY) ____/____/____ or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate _____ to receive tax compliance information for the applicant or business entity and tax years indicated. Oregon Revised Statute (ORS) 305.193, Oregon Administrative Rule (OAR) 150-305-0120.

Applicant or business entity owner/officer signature	Print name	
X		
Title (if applicable)	Daytime phone	Date
	— —	/ /

Fax to: 503-945-8735

—OR—

Mail to: PTAC, Compliance & Filing Enforcement
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov
Contact us for ADA accommodations or assistance in other languages.

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Oregon Department of Revenue tax compliance certification: <input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance <input type="checkbox"/> Unable to process		
Department of Revenue certifying official signature	Title	Date of certification
X		/ /