

# Form OR-AGC

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Office use only
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## Annual Certification for Agriculture Workforce Housing Credit

*Submit original form—do not submit photocopy*

Taxpayer name		Social Security no. (SSN)	Federal employer ID no. (FEIN)	<b>Tax year</b> <input type="text"/>
Street address		- -	-	
City	State	ZIP code		

**Check one:**  Corporation  S corporation  Partnership  Individual

As the owner or operator of agriculture workforce housing, you are required to complete this certification form each year to maintain your eligibility to claim the Agriculture workforce housing credit.

- If you are a corporation, S corporation, or partnership, include this completed form with your annual Oregon Form OR-20 (corporation excise), Form OR-20-S (S corporation), or Form OR-65 (partnership) tax return.
- If you are an individual, you must keep this completed form with your permanent tax records and make it available to the Oregon Department of Revenue upon request.

Housing project owner's name	SSN	FEIN	
	- -	-	
Housing project address	City	State	ZIP code
		<b>OR</b>	
Housing project operator's name			

In accordance with Oregon Revised Statute 315.164, I certify that all occupied agriculture workforce housing units as identified above, and for which the credit is being claimed, are occupied by agriculture workers and their immediate families.

Signature of owner/operator	Date
X	/ /

**Important:**  
**Include with Form OR-20, Form OR-20-S, or Form OR-65 if you are a corporation, S corporation, or partnership.**  
**Keep with your tax records if you are an individual.**