



# Form OR-TFR

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(Rev. 06-25-20, ver. 01)

Oregon Department of Revenue



**Section C**—Use this section to list partners or owners that will receive a distributive share of an Oregon credit awarded or transferred to a pass-through entity (PTE) such as a partnership or S-corporation. See instructions for more information.

## PTE information

|                              |                      |          |                                |
|------------------------------|----------------------|----------|--------------------------------|
| PTE name                     |                      |          | FEIN                           |
| PTE address                  |                      |          | Contact phone<br>( ) -         |
| City                         | State                | ZIP code | Credit code (see instructions) |
| Date of certification<br>/ / | Certification number |          | Original credit amount<br>.00  |

## Partner/owner information

|                              |         |           |                |
|------------------------------|---------|-----------|----------------|
| 1. First name                | Initial | Last name | SSN            |
| Entity name, if applicable   |         |           | FEIN           |
| Address                      |         | City      | State ZIP code |
| Distributive share of credit |         |           | .00            |

## Partner/owner information

|                              |         |           |                |
|------------------------------|---------|-----------|----------------|
| 2. First name                | Initial | Last name | SSN            |
| Entity name, if applicable   |         |           | FEIN           |
| Address                      |         | City      | State ZIP code |
| Distributive share of credit |         |           | .00            |

## Partner/owner information

|                              |         |           |                |
|------------------------------|---------|-----------|----------------|
| 3. First name                | Initial | Last name | SSN            |
| Entity name, if applicable   |         |           | FEIN           |
| Address                      |         | City      | State ZIP code |
| Distributive share of credit |         |           | .00            |

## Partner/owner information

|                              |         |           |                |
|------------------------------|---------|-----------|----------------|
| 4. First name                | Initial | Last name | SSN            |
| Entity name, if applicable   |         |           | FEIN           |
| Address                      |         | City      | State ZIP code |
| Distributive share of credit |         |           | .00            |

To submit this form, visit [www.oregon.gov/dor](http://www.oregon.gov/dor) to file using Revenue Online, fax to 503-945-8649 labeled "Attn: Systems and Refund Protection Unit," or mail to:

Oregon Department of Revenue  
Attn: Systems and Refund Protection  
PO Box 14999  
Salem OR 97309-0090