

Form OR-19-AF

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Office use only
Date received

Oregon Affidavit

For a nonresident owner of a pass-through entity

Submit original form—do not submit photocopy

Beginning with tax year: 2018

Nonresident owner information

Name of nonresident owner	Social Security number	Federal employer identification number (FEIN)
	- -	-

Street or mailing address

City	State	ZIP code	Phone
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Ownership percentage	Estimated Oregon-source distributive income each year
%	\$.00

Pass-through entity information

Pass-through entity (PTE) name	FEIN
	-

PTE address

City	State	ZIP code	Phone
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This form must be resubmitted if the PTE information entered above changes or ownership changes by 10 percent or more. See Form OR-19 and Oregon Affidavit instructions.

Agreement to file

I agree to timely file all required Oregon income or excise tax return(s) and to make timely payments of all taxes imposed by the state of Oregon with respect to my share of the Oregon distributive income from the pass-through entity named above. I understand that I am subject to the jurisdiction of the state of Oregon for purposes of the collection of unpaid income tax, together with related penalties and interest.

Signature

Taxpayer's or authorized agent's signature	Date
X	/ /

Revocation of this affidavit

By signing below, I declare that:

- I am an Oregon resident;
- I am subject to tax on the income from the above-listed PTE;
- I am no longer an owner in the above-listed PTE; or
- I am joining in the filing of an Oregon composite return.

Signature

Taxpayer's or authorized agent's signature	Date
X	/ /

Submit this form at www.oregon.gov/dor or mail to: **Oregon Department of Revenue
Attn: Processing Center
955 Center St NE
Salem OR 97301-2555**