

Form OR-19-AF

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Office use only

Oregon Affidavit

For a nonresident owner of a pass-through entity

Submit original form—do not submit photocopy

Beginning with tax year: 2019

Nonresident owner information

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

Street or mailing address

City State ZIP code Phone

Ownership percentage Estimated Oregon-source distributive income each year

Pass-through entity information

Pass-through entity (PTE) name FEIN

PTE address

City State ZIP code Phone

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

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

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