

# Form OR-19-AF

Page 1 of 1, 150-101-175  
(Rev. 09-10-19, ver. 01)

Oregon Department of Revenue



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: **2020**

### Nonresident owner information

|                              |   |           |   |
|------------------------------|---|-----------|---|
| Nonresident owner first name | Initial   | Last name | Social Security number (SSN)                  |
|                              |   |           | - -   |
| Entity name                  |   |           | Federal employer identification number (FEIN) |
|                              |   |           | -   |
| Street or mailing address    |   |           |   |
|                              |   |           |   |
| City                         | State   | ZIP code  | Phone   |
|                              |   |           | ( ) -   |
| Ownership percentage         | Estimated Oregon-source distributive income each year |           |   |
| <input type="text"/> %       | \$ <input type="text"/> .00                           |           |   |

### 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-AF 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](http://www.oregon.gov/dor) using **Revenue Online** or mail to:

**Oregon Department of Revenue**  
**Attn: Processing Center**  
**955 Center St NE**  
**Salem OR 97301-2555**