

2021 Form OR-19

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Oregon Department of Revenue



Office use only

Annual Report of Nonresident Owner Tax Payments

Submit original form—do not submit photocopy.

Pass-through entity (PTE) name, Federal employer identification number (FEIN), Contact phone, PTE address, City, State, ZIP code, Preparer first name, Initial, Last name, Preparer contact phone

Section 1

Type of entity: Partnership S corporation LLC LLP LP Trust

Table with 3 columns: Estimated payments, Amount of payment, Payment date (MM/DD/YYYY). Rows for Payment 1 through 4.

Important—Complete page 2 before signing and mailing form.

Sign below and keep a copy of this return for your tax records.

Under penalties for false swearing, I certify that I am authorized to request transfer of estimated tax payments from the above-named pass-through entity's tax account to the tax accounts listed on this form.

Signature of general partner, LLC member, or officer; Title; Print first name of general partner, LLC member, or officer; Initial; Last name; Date; Paid preparer's first name; Initial; Last name; Date; Signature of paid preparer; Preparer address; City; State; ZIP code; Preparer license number; Phone

Submit this form online at www.oregon.gov/dor or mail to: Oregon Department of Revenue PO Box 14950 Salem OR 97309-0950

This form is due on the last day of the second month after the end of the entity's tax year. The due date for entities using a calendar 2021 tax year is March 1, 2022.

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Section 2—Submit additional copies of this form when reporting for more than four owners

(1) Owner first name	Initial	Last name	Social Security number (SSN)	Owner type
Entity name			FEIN	
Address		City	State	ZIP code
(a) Payment 1	(b) Payment 2	(c) Payment 3	(d) Payment 4	
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	
				Total for owner
				<input type="text" value=".00"/>

(2) Owner first name	Initial	Last name	SSN	Owner type
Entity name			FEIN	
Address		City	State	ZIP code
(a) Payment 1	(b) Payment 2	(c) Payment 3	(d) Payment 4	
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	
				Total for owner
				<input type="text" value=".00"/>

(3) Owner first name	Initial	Last name	SSN	Owner type
Entity name			FEIN	
Address		City	State	ZIP code
(a) Payment 1	(b) Payment 2	(c) Payment 3	(d) Payment 4	
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	
				Total for owner
				<input type="text" value=".00"/>

(4) Owner first name	Initial	Last name	SSN	Owner type
Entity name			FEIN	
Address		City	State	ZIP code
(a) Payment 1	(b) Payment 2	(c) Payment 3	(d) Payment 4	
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	
				Total for owner
				<input type="text" value=".00"/>

Total payments to transfer to owners. If multiple pages, enter on last page only. These amounts must match estimated payments 1–4 on page 1.

(a) Total of payment 1	(b) Total of payment 2	(c) Total of payment 3	(d) Total of payment 4
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>