

2023 Form OR-19

Page 1 of 2, 150-101-182 (Rev. 07-07-23, ver. 01)

Oregon Department of Revenue



Office use only

Annual Report of Pass-through Entity Owner Tax Payments

Submit original form—do not submit photocopy.

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

Section 1

Type of entity: Partnership, S corporation, LLC, LLP, LP, Trust

Table with 3 columns: Estimated payments, Payment amount, 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 and address fields for General partner, LLC member, or officer; and Paid preparer.

You can mail Form OR-19 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 2023 tax year is February 29, 2024.

2023 Form OR-19

Page 2 of 2, 150-101-182
(Rev. 07-07-23, ver. 01)

Oregon Department of Revenue



15772301020000

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

(1) Owner first name	Initial	Last name	Social Security number (SSN)	Owner type (see instructions)
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 (see instructions)
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 (see instructions)
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 (see instructions)
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"/>