Clear form

2025 Form OR-19

Page 1 of 2, 150-101-182 (Rev. 06-03-25, ver. 01)

Oregon Department of Revenue

15772501010000

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 (see instructions)	Initial	Contact last name	Contact phone
			– –

Section 1

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

☐ Tax withheld by lower-tier entity. Lower-tier entity's FEIN –

Estimated payments	Payment amount	Payment date (MM/DD/YYYY)
Payment 1	.00	/ /
Payment 2	.00	/ /
Payment 3	.00	/ /
Payment 4	.00	/ /

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.

General partner, LLC member, or officer signature	Title
X	

General partner, LLC member, or officer first name	Initial	Last name	Date
			/ /

Paid preparer first name	Initial	Last name	Date
			/ /

Paid preparer signature	Preparer address
X	

City	State	ZIP code

Preparer license number	Phone
	– –

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 2025 tax year is March 2, 2026.

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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**
.00	.00	.00	.00

Total for owner .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**
.00	.00	.00	.00

Total for owner .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**
.00	.00	.00	.00

Total for owner .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**
.00	.00	.00	.00

Total for owner .00

Total payments to transfer to owners. Use additional copies of this page for additional owners. If using more than one page, total all payments 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**
.00	.00	.00	.00