

# Form OR-ATAR

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(Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



## Authorization to Apply Refund

Office use only

Date received

*Submit original form—do not submit photocopy*

First name	Last name	Social Security number (SSN) — —
Spouse first name	Spouse last name	Spouse SSN — —
Business name	Federal employer identification number (FEIN) —	

I authorize the Oregon Department of Revenue to apply any refunds to any deficiencies determined for the tax program(s) and tax year(s) listed below until the cease date specified. Refunds will continue to apply until the cease date below. If I don't put a cease date, refunds will continue to apply until the balance is paid in full.

I understand this authorization doesn't affect my right to appeal audit findings.

Tax program(s) refund applied to:

Tax year(s) refund applied to:

Cease date (date authorization to apply a refund ends):

/ /

Taxpayer signature <b>X</b>		Date / /
Spouse signature (if a joint return was filed, both spouses must sign) <b>X</b>		Date / /
Address		Phone ( ) —
City	State	ZIP code

## Authorized representative

I certify that as a corporate officer, partner, fiduciary, or other qualified person, I have the authority to execute this authorization on behalf of the taxpayer(s). The individual signing this form acknowledges notice of the following provision: Actions taken by a designated representative are binding, even if the representative isn't an attorney. Proceedings can't later be declared legally defective because the representative wasn't an attorney.

*Submit original form—do not submit photocopy*

First name	Last name		
Signature <b>X</b>	Title	Date / /	
Address		Phone ( ) —	
City	State	ZIP code	

Return to:

Department of Revenue  
955 Center St NE  
Salem OR 97301-2555