Form **OR-ATAR**

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

Page 1 of 1, 150-101-090 (Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



Office use onl	y

Date received

Authorization to Apply Refund

	Submit original f	orm—do not sub	mit photocopy			
First name Social Security number (SSN)						
		_				
Spouse first name	Spouse last name	Spouse 9	Spouse SSN			
	_					
Business name			Federal employer identification number (FEIN)			
		_	_			
year(s) listed below until date, refunds will contin		vill continue to a	apply until the cea			
Town source since above				ID-4-		
Taxpayer signature				Date		
Sparragaignatura (if a jaint ratur	n was filed, both spouses must sign)			Doto /		
	n was nied, both spouses must sign)			Date		
X Address				/ /		
Address				Phone () —		
City			State	ZIP code		
Authorized representa	tive					
on behalf of the taxpaye		acknowledges	notice of the follow orney. Proceeding	ving provision:	Actions taken by a	
Signature		Title	lle Date			
X						
Address				Phone		
			() –		_	
City			State	ZIP code		
Return to:						