

# Form OR-OC-TR

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(Rev. 09-10-19, ver. 01)

Oregon Department of Revenue



Office use only

## Oregon Composite Return Payment Transfer Request For Owners Not Joining Form OR-OC

Submit original form—do not submit photocopy.

Tax year

Pass-through entity (PTE) name	Federal employer identification number (FEIN) -	Contact phone ( ) -	
PTE address	City	State	ZIP code
Preparer name (see instructions)	Preparer phone ( ) -		

Estimated payments	Amount of payment	Check date (MM/DD/YYYY)
Payment 1	<input type="text" value=".00"/>	<input type="text" value="/ /"/>
Payment 2	<input type="text" value=".00"/>	<input type="text" value="/ /"/>
Payment 3	<input type="text" value=".00"/>	<input type="text" value="/ /"/>
Payment 4	<input type="text" value=".00"/>	<input type="text" value="/ /"/>

**Important—Complete page 2 of Form OR-OC-TR before signing and mailing form.  
Mail this form prior to filing the Form OR-OC. Don't include this form with Form OR-OC.**

**Sign below and keep a copy of this form with 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 page 2.

Signature of general partner, LLC member, or officer <b>X</b>	Date / /		
Print name of general partner, LLC member, or officer	Title		
Signature of paid preparer <b>X</b>	Date / /		
Mail Form OR-OC-TR to: <b>Oregon Department of Revenue PO Box 14999 Salem OR 97309-0990</b>	Preparer address		
	City	State	ZIP code
	Preparer license number	Paid preparer phone ( ) -	

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Payment amount to remain on PTE account.

Payment 1	Payment 2	Payment 3	Payment 4	Total for PTE
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>

1. Owner's 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	Total for owner
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>

2. Owner's 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	Total for owner
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>

3. Owner's 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	Total for owner
<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>

**Total payments** to remain on account and to transfer to owners (must match estimated payments 1-4 on page 1 of Form OR-OC-TR).

4.	(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"/>