

2020 Schedule OR-OC-3

Page 1 of 1, 150-101-148
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



Office use only

CPAR Tax Calculation for Individuals and Tiered Partners

Submit original form—do not submit photocopy.

Pass-through entity name	Federal employer identification number (FEIN)
--------------------------	---

Owner information (see instructions)

1. Owner type	First name	Initial	Last name	Social Security number (SSN)
---------------	------------	---------	-----------	------------------------------

Fiduciary name	FEIN
----------------	------

Ownership percentage	Share of federal CPAR adjustments	Share of Oregon-source CPAR adjustments
----------------------	-----------------------------------	---

(a) Oregon income tax	(b) Reserved
-----------------------	--------------

2. Owner type	First name	Initial	Last name	SSN
---------------	------------	---------	-----------	-----

Fiduciary name	FEIN
----------------	------

Ownership percentage	Share of federal CPAR adjustments	Share of Oregon-source CPAR adjustments
----------------------	-----------------------------------	---

(a) Oregon income tax	(b) Reserved
-----------------------	--------------

3. Owner type	First name	Initial	Last name	SSN
---------------	------------	---------	-----------	-----

Fiduciary name	FEIN
----------------	------

Ownership percentage	Share of federal CPAR adjustments	Share of Oregon-source CPAR adjustments
----------------------	-----------------------------------	---

(a) Oregon income tax	(b) Reserved
-----------------------	--------------

4. Owner type	First name	Initial	Last name	SSN
---------------	------------	---------	-----------	-----

Fiduciary name	FEIN
----------------	------

Ownership percentage	Share of federal CPAR adjustments	Share of Oregon-source CPAR adjustments
----------------------	-----------------------------------	---

(a) Oregon income tax	(b) Reserved
-----------------------	--------------

5. Total for each column: (a) & (b)

Total column (a)	Total column (b)
------------------	------------------

Include this schedule with your Form OR-OC.

Use additional copies of this page for additional individuals and tiered partners.
If using more than one page, total all pages on line 5 of the last page.