

2024 Schedule OR-OC-3

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Oregon Department of Revenue



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CPAR Adjustments Report for Individuals, Fiduciaries, 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
. %	.00	.00

(a) CPAR tax

 .00

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
. %	.00	.00

(a) CPAR tax

 .00

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
. %	.00	.00

(a) CPAR tax

 .00

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
. %	.00	.00

(a) CPAR tax

 .00

5. Total CPAR tax

Total field (a)

 .00

Include this schedule with your Form OR-OC.

Use additional copies of this page for additional individuals, fiduciaries, and tiered partners.

If using more than one page, total all pages on line 5 of the first page.