

2025 Schedule OR-OC-3

Page 1 of 1, 150-101-148
(Rev. 09-04-25, ver. 01)

Oregon Department of Revenue

20712501010000

Office use only

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.