Clear form

2016 Schedule OR-ADD-DEP

 Oregon Department of Revenue

18371601010000

Office use only

Oregon Personal Income Tax Return Additional Dependents

Submit original form—do not submit photocopy.

First name and initial	Last name	Social Security number (SSN)
		– –
Spouse's first name and initial	**Spouse's last name**	**Spouse's SSN**
		– –

Instructions. Use this schedule if you have more than four dependents. Complete all information for each additional dependent that is **not** listed on the first page of your Oregon return. List your dependents in order from youngest to oldest.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
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*Dependent relationship code—Please see instructions to determine the appropriate code.

1 Total number of additional dependents listed above. Enter the result here and include this number on line 6c of your Oregon return..... 1

2 Total number of additional dependent children with a qualifying disability listed above. Enter the result here and include this number on line 6d of your Oregon return..... 2

—You must include this schedule with your Oregon income tax return—