

# 2020 Schedule OR-ADD-DEP

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(Rev. 08-17-20 ver. 01)

Oregon Department of Revenue



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|-----------------|
| Office use only |
|                 |

## Oregon Personal Income Tax Return Additional Dependents

*Submit original form—do not submit photocopy.*

|                     |         |                    |                                     |
|---------------------|---------|--------------------|-------------------------------------|
| First name          | Initial | Last name          | Social Security number (SSN)<br>— — |
| Spouse's first name | Initial | Spouse's last name | Spouse's SSN<br>— —                 |

**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 |
|------------|-----------|-------|-----------------|--|---|
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |
|            |           |       | — —             | / /                                    | <input type="checkbox"/>                  |

\*Dependent relationship code—Please see instructions to determine the appropriate code.

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