Clear form

2021 Schedule OR-ADD-DEP

Oregon Personal Income Tax Return Additional Dependents

Oregon Department of Revenue

 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN) ___ – ___ – ____

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

Dependent 1: First name | Initial | Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) | Dependent 1: SSN | Code* | ☐ Dependent 1: Check if child has a qualifying disability.

Dependent 2: First name | Initial | Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) | Dependent 2: SSN | Code* | ☐ Dependent 2: Check if child has a qualifying disability.

Dependent 3: First name | Initial | Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) | Dependent 3: SSN | Code* | ☐ Dependent 3: Check if child has a qualifying disability.

Dependent 4: First name | Initial | Dependent 4: Last name

Dependent 4: Date of birth (MM/DD/YYYY) | Dependent 4: SSN | Code* | ☐ Dependent 4: Check if child has a qualifying disability.

Dependent 5: First name | Initial | Dependent 5: Last name

Dependent 5: Date of birth (MM/DD/YYYY) | Dependent 5: SSN | Code* | ☐ Dependent 5: Check if child has a qualifying disability.

*Dependent relationship code—See instructions to determine the appropriate code.

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

7. 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. ..... 7. ____

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