

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Legal name of designated Corporate Activity Tax (CAT) entity (sole proprietor—complete the next line)

First name (if sole proprietorship)

[illegible]

Initial

Last name

Federal employer identification number (FEIN)

Social Security number (SSN)

A Schedule of Affiliates must be filed every year with each combined return. List all affiliates with commercial activity in Oregon that are part of the unitary group included in this return.

**Don't include the designated CAT entity filing this tax return on this schedule.** Make a copy of this form if you have more than two affiliates.

1a. FEIN

1b. Social Security number (SSN)









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1c. Business name

1d. Address

1e. City

1f. State

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1g. ZIP code

1h. If new affiliate during this year, enter date affiliate became part of the unitary group. Date (MM/DD/YYYY)



1i. If affiliate ceased to be part of the unitary group during this year, indicate date affiliate left group. Date (MM/DD/YYYY)



1j. Amount of Oregon commercial activity ..... 1j.

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1k. Business activity code

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## 11. Tax entity type

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1m. Legal entity type

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**Include additional schedules if needed.**



# 2023 Schedule OR-AF-CAT

Oregon Department of Revenue

Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

2a. FEIN

2b. Social Security number (SSN)

2c. Business name

2d. Address

2e. City

2f. State

2g. ZIP code

2h. If new affiliate during this year, enter date affiliate became part of the unitary group. Date (MM/DD/YYYY)

2i. If affiliate ceased to be part of the unitary group during this year, indicate date affiliate left group. Date (MM/DD/YYYY)

2j. Amount of Oregon commercial activity ..... 2j.

2k. Business activity code

2l. Tax entity type

2m. Legal entity type

