

2020 Schedule OR-EIS

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(Rev. 07-24-20, ver. 01)

Oregon Department of Revenue



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|-----------------|
| Office use only |
| Date received |

Exempt Income Schedule for Enrolled Members of a Federally Recognized Indian Tribe

Submit original form—do not submit photocopy.

| | | | | |
|---|---------|-----------|--------------------------|----------------|
| First name | Initial | Last name | Social Security number | |
| Street address (not a PO Box) | | | City | State ZIP code |
| Full name as shown on tribal enrollment | | | Tribal enrollment number | |
| Indian tribe of which you are an enrolled member | | | | |
| Your tribal headquarters' address, city, state, and ZIP | | | | |

If you are filing a joint return and your spouse's income meets the exempt income requirements, fill in the requested information below.

| | | | | |
|---|---------|--------------------|-----------------------------------|----------------|
| Spouse's first name | Initial | Spouse's last name | Spouse's Social Security number | |
| Spouse's street address (not a PO Box) | | | City | State ZIP code |
| Spouse's full name as shown on tribal enrollment | | | Spouse's tribal enrollment number | |
| Indian tribe of which spouse is an enrolled member | | | | |
| Spouse's tribal headquarters' address, city, state, and ZIP | | | | |

You will not have to pay Oregon income tax on income that meets all of the following requirements:

- The income is earned by an enrolled member of a federally recognized American Indian tribe; and
- The income comes from sources within the boundaries of federally recognized Indian country in Oregon; and
- The enrolled member lived on federally recognized Indian country in Oregon when the income was earned.

Your Exempt Income Information

| | |
|--|--|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |

Amount qualifying as exempt income \$

| | |
|--|--|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |

Amount qualifying as exempt income \$

— You must include this form with your Oregon return. —

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Your Exempt Income Information (Continued from page 1)

| | |
|--|-------------------------|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |
| Amount qualifying as exempt income | \$ <input type="text"/> |

Spouse's Exempt Income Information

| | |
|--|-------------------------|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |
| Amount qualifying as exempt income | \$ <input type="text"/> |

| | |
|--|-------------------------|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |
| Amount qualifying as exempt income | \$ <input type="text"/> |

| | |
|--|-------------------------|
| Employer's name or source of exempt income | |
| Street address, city, state, and ZIP where you worked if wages, unemployment, or retirement income | |
| Street address, city, state, and ZIP code where you lived (not a PO Box) | |
| Income type (wages, interest, gambling winnings, etc.) | |
| Amount qualifying as exempt income | \$ <input type="text"/> |

**Enter the total of your and/or your spouse's income that meets all of the requirements above.
Round to the nearest dollar.**

Claim this amount as a subtraction on Schedule OR-ASC, section 2, or OR-ASC-NP, section 3, using subtraction code 300

| | |
|-------------------------|----------------------------------|
| \$ <input type="text"/> | <input type="text" value=".00"/> |
|-------------------------|----------------------------------|

— You must include this form with your Oregon return. —