

2021 Schedule OR-EIS

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(Rev. 08-31-21, ver. 01)

Oregon Department of Revenue



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 \$

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 \$

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 \$

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 B, or OR-ASC-NP, section C, using subtraction code 300..... \$.00

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