Clear Form

2025 Schedule OR-EIS

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

First name	Initial	Last name	Social Security number (SSN)
			– –

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 first name	Initial	Spouse last name	Spouse SSN
			– –

Spouse street address (not a PO Box)	City	State	ZIP code

Spouse full name as shown on tribal enrollment	Spouse tribal enrollment number

Indian tribe of which spouse is an enrolled member

Spouse 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 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 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 ..... $

—Don't include this schedule with your Oregon return. Keep it with your tax records.—

Your Exempt Income Information (Continued from page 1)

Employer 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 Exempt Income Information

Employer 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 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 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

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