## **Schedule OR-MPC**

Page 1 of 1, 150-101-178 (Rev. 09-01-21, ver. 01) **Manufactured Dwelling Park Closure** 

Oregon Department of Revenue



Office	use	only	

For tax year:									
First name	Initial	Last name					Social Security number (SSN)		
	Striamo Initial Edit namo								
Spouse's first name	parate returns)	e returns) S			Spouse's SSN				
Name of closing park			Dates you	occupied your	nobile home as	your princip	oal residence in the closing park		
			From:	/ /		To:	/ /		
Address of your manufa	actured dwe	lling at closing park (include city, state, and z	IP code)			•			
Manager's name			Manager's phone number						
			(	)					
Date the park owner or landlord gave you the park closure notice (mm/dd/yyyy)			Date you and your entire household moved out of the mobile home park (mm/dd/yyyy)						
/ / / / / / / / / / / / / / / / / / /	-I OON(-)	of all owners of your mobile home:	/	/					
Name of other owne	er(s)		SSN of oth	ner owner(s)	Did they live	with you	at any time during the year?		
			_	_		Yes	No		
		_		Yes No					
			_	_		Yes	No		
<ol> <li>Enter the amo eminent doma</li> <li>Line 1 minus I</li> <li>Enter the total</li> <li>Your credit: Li</li> </ol>	unt that vainine 2 credit and me 3 min	ntwas paid to you because the pa mount claimed by all other owners us line 4. Enter this amount in se	rk closed of the	mobile hor	2 3 me4		5,000.00		
OR-ASC or section H of Schedule OR-ASC-NP using code 8915							. 0 0		