



2020

General Information:

Do you qualify as disabled?
If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

Taxpayer Spouse Yes No Yes No

Table with 4 columns: TSJ, Payer's Name, From (Mo/Da/Yr), To (Mo/Da/Yr)

Residency Information:

If you did not live in Oregon for all of 2020, enter the dates you did live in Oregon
Enter the state names other than Oregon where you had income

From (Mo/Da/Yr) To (Mo/Da/Yr)

Education Savings:

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?
If Yes, enter the following:

Yes No

Table with 6 columns: TS, Name of Designated Beneficiary, Social Security Number, Portfolio Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table listing charities like American Red Cross, Oregon Historical Society, Child Abuse Prevention, Habitat for Humanity, Oregon Food Bank, Alzheimer's Disease Research, OR Head Start Association, Albertina Kerr Centers, Stop Domestic and Sexual Violence, OR Military Financial Assistance

Other Charity (Choose up to two of the following):

Table listing other charities like American Diabetes Association, SMART, St. Vincent de Paul, Doernbecher Children's Hospital, The Salvation Army, Planned Parenthood of OR, Shriner's Hospital for Children, Susan G. Komen for the Cure, Oregon Nongame Wildlife, ALS Association, Oregon Coast Aquarium, SOLVE, The Nature Conservancy, Oregon Humane Society, Oregon Veteran's Home, LIONS, Special Olympics Oregon, Cascade AIDS project, Veterans Suicide Prevention

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Form for political party contributions with checkboxes for Taxpayer and Spouse across various parties like Constitution, Republican, Democratic, Pacific Green, Independent, Progressive, Libertarian, Working Families

