



2023

General Information:

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

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

If you did not live in Oregon for all of 2023, enter the dates you did live in Oregon

Enter the state names other than Oregon where you had income

Education Savings:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 tax return to:

American Red Cross	<input type="text"/>	Alzheimer's Disease Research	<input type="text"/>
Oregon Historical Society	<input type="text"/>	OR Head Start Association	<input type="text"/>
Prevent Child Abuse	<input type="text"/>	Albertina Kerr Kid's Crisis Care	<input type="text"/>
Habitat for Humanity	<input type="text"/>	Stop Domestic and Sexual Violence ..	<input type="text"/>
Oregon Food Bank	<input type="text"/>	OR Military Assistance Program	<input type="text"/>
American Diabetes Association	<input type="text"/>	Oregon Coast Aquarium	<input type="text"/>
SMART	<input type="text"/>	SOLVE	<input type="text"/>
St. Vincent de Paul Society of Oregon ..	<input type="text"/>	The Nature Conservancy	<input type="text"/>
Doernbecher Children's Hospital	<input type="text"/>	Oregon Humane Society	<input type="text"/>
The Salvation Army	<input type="text"/>	Oregon Veteran's Home	<input type="text"/>
Planned Parenthood of OR	<input type="text"/>	Oregon Lions Sight & Hearing Foundation	<input type="text"/>
Shriner's Hospital for Children	<input type="text"/>	Special Olympics Oregon	<input type="text"/>
Oregon Nongame Wildlife	<input type="text"/>	Cascade AIDS project	<input type="text"/>
ALS Association	<input type="text"/>	Veterans Suicide Prevention	<input type="text"/>

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

Taxpayer: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

Spouse: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

