Oregon IDA Tax Credit Donor Form 2018



	iness Name as it appears on your tax retur	n:
	OR FEIN:	
	submit <u>one</u> taxpayer name and the correspond trate returns and donating separately, submit	,
9 1	t of Revenue <u>requires</u> that all tax credit conce connect your contribution to your tax retept. of Revenue.	
Taxpayer Contact Information	on	
Mailing Address:	City:	State: Zip:
Phone (select one –): [] New address since 2017?	Email:	
CPA, Financial Advisor and/o	or Broker (Optional)	
Name:	Firm:	
	Firm: City:	
Address:		State: Zip:
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Along with your donation, submit this form to us via mail or fax (do not email). All checks mailed must be postmarked by no later than 12.31.18 and all credit card, stock/mutual fund, and wire transfer donations must be received by 12.31.18 and before available tax credits are sold for the year. Questions? Contact Hannah Waterman at (503) 226-3001 x107 or hwaterman@neighborhoodpartnerships.org.