



2016 State of Oregon Child Care Contribution Tax Credit Form

Date: _____

Name of Taxpayer (business or individual): _____

EIN, Social Security, or Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Amount of Contribution: _____

Please make checks payable to:
Child Care Contribution Tax Credit

Check Number: _____

Send completed form and check to: **Office of Child Care
Unit 22 PO Box 4395
Portland OR 97208-4395**

For questions about the Child Care Contribution Tax Credit Program,
contact Sandy Gorsage at 503-947-3121 or 1-800-556-6616.

Oregon Department of Education is an equal opportunity program/employer. The following services are free of cost and available to individuals with disability upon request: Auxiliary aids or services, alternate formats and language assistance for individuals with limited English proficiency.