Sensitive Procurement Vendor Disclosure

Oregon State Lottery

Investigations Conducted by
Oregon State Police
Gaming Enforcement Division

Revised 01/12

SENSITIVE PROCUREMENT DISCLOSURE INFORMATION FORM

Name of Business Entity:_____
Address:_____
Contact Person:_____
Telephone Number:_____

GENERAL INSTRUCTIONS

Read every question carefully prior to responding. Answer every question completely.

- All entries on this form must be typed or neatly printed except for signatures.
- If a question does not apply, so state with N/A in the response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.
- If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title and section number.
- The applicant company president, CEO, or company representative must initial each page as provided in lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page.
- All applicants are advised that this Vendor Disclosure is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a contract or agreement and cause for possible criminal prosecution.
- Return the completed Procurement Disclosure Form (original) to the Oregon State Lottery, Assistant Director for Security, 500 Airport Road, SE, Salem, OR 97301.

Applicant's Initial_____

SECTION 1
BUSINESS ENTITY

1. Name of Business_____
Trade name/doing business as:_____
Address of business entity:_____
(Street) (City) (State) (Zip)
Telephone Number:_____

Type of business entity: □ Sole proprietorship □ Corporation □ Trust
□ Partnership □ Joint venture □ Other_____

State of incorporation/establishment:_____Date of incorporation/establishment:_____

Provide a certified copy of Articles of Incorporation/Partnership Agreement.

Federal Tax Number (or foreign equivalent):_____

List other states or jurisdictions where incorporated or filed with State Corporations Division:_____
_____

List the services or supplies your business provides:

_____
_____
_____
_____

Name of parent company:_____
Address of parent company:_____

Name(s) and address(es) of any subsidiary or affiliate of the business:

Name	Street	City	State	Zip

Provide an organization chart of the business showing its relationship to existing parent, subsidiary or affiliated companies.

Is this business entity stock: □ Privately held □ Publicly held

Applicant's Initial_____

2. List all CONTROL PERSONS (corporate officers, directors, partners, members, key employees, and management contractors). Also list all STOCKHOLDERS owning 15% or more interest in this company. List full name, title, residence address, date of birth, and social security number.

Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN
Name (Last)	(First)	(MI)	Title	DOB
Address		City/State/Zip		SSN

Provide a Personal Disclosure form for each control person.

3. Are there any Officers, Directors, Partners, Members, Stockholders (greater than 15%) or Key Employees who are actively involved in this vendor's day-to-day operation as it relates to the Oregon Lottery? □ Yes □ No

If Yes, provide their names and addresses:

Applicant's Initial_____

4. List the Business's Certified Public Accountants:

Internal:	External:
Name:_____	Name: _____
Address:_____	Address: _____
_____	_____
Telephone Number:_____	Telephone Number:_____

5. Has this company ever held or does it now hold any gambling or gaming licenses or permits in any jurisdiction? □ Yes □ No

   If Yes, list the license or permit type, license number (if applicable), jurisdiction, regulatory agency, agency address, agency contact person, agency telephone, date of licensing or permit, and license status, on a separate page.

6. Has a gaming license or permit for this company ever been denied, revoked or suspended? □ Yes □ No

   If Yes, provide complete details on a separate page.

7. Has this company ever been fined by any gaming authority for any reason within the past three years? □ Yes □ No

   If Yes, provide complete details on a separate page.

8. Has this company ever withdrawn an application for a gaming license? □ Yes □ No

   If Yes, provide complete details on a separate page.

9. List all locations where your company contracts to supply gaming goods or services and to whom those goods or services are provided, on a separate page.

10. List all governing board members who are or have been Oregon State employees, showing their names, position or title, and state agency employer on a separate page. □ None

11. If a CONTROL PERSON or subcontractor of the business, or any employee of either, assigned to an Oregon Lottery project, is an immediate family member of any Lottery employee, or has a close personal relationship to any Lottery employee, indicate each such person and Lottery employee:

Person (Vendor)	Relationship	Employee (Lottery)

Applicant's Initial_____

SECTION 2
LEGAL PROCEEDINGS

For any questions answered "Yes" in this section, provide complete details on a separate page.

1. Has the vendor, a subsidiary or intermediary company, parent company, or holding company, or related corporation or business entity ever been the subject of a GRAND JURY or CRIMINAL INVESTIGATION? □ Yes □ No

2. Has the vendor, a subsidiary or intermediary company, parent company, or holding company, related corporation or business entity, or any key person in any of the preceding ever been ARRESTED, INDICTED, or CONVICTED for any criminal or gambling offense? □ Yes □ No

3. Has the vendor, a subsidiary or intermediary company, parent company, holding company, related corporation, or business entity, or any key person in any of the preceding ever been involved in any civil lawsuit? □ Yes □ No

4. Were any of the lawsuits referenced above predicated in whole or in part upon conduct which allegedly constituted a crime or crimes? □ Yes □ No

5. Has the business or its officers or directors ever been the subject of antitrust violation allegations, trade regulation allegations, security judgments, or insolvency proceedings within the last 5 years? □ Yes □ No

6. Has the company ever been investigated for violating any tax laws, either civil or criminal? □ Yes □ No

7. Is the company aware of any tax liens against it? □ Yes □ No

8. List all attorneys and law firms representing your company in the State of Oregon, including address and phone numbers.

Name	Address	Phone Number

SECTION 3
FINANCIAL DATA

1. Has the business been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law, within the last 7 years? □ Yes □ No

   If Yes, provide details including date filed, docket number, name and address of court, name and address of filing party, and name and address of trustee on a separate page.

Applicant's Initial_____

2. Provide audited FINANCIAL STATEMENTS for the past three (3) years as prepared by a certified public accountant.

3. List all holding companies, business organizations other entities, or individuals which hold any financial interest in this company. Include companies which have liens or other financial interest caused by company debt.

_____

_____

SECTION 4
REQUIRED ATTACHMENTS

1.	Copy of Articles of Incorporation/Partnership Agreement.	□ Attached
2.	Organization chart of the business showing its relationship to existing parent, subsidiary or affiliated companies.	□ Attached
3.	Personal Disclosure form for each control person.	□ Attached
4.	List of gambling or gaming licenses or permits.	□ Attached
5.	Explanations for gaming license denials, suspensions, revocations, withdrawals, and fines.	□ Attached
6.	List of all locations where company is contracting to provide gaming goods and services, and to whom they are provided.	□ Attached
7.	Summary of past and current litigation including case number, date, courts, all parties, subject matter, and disposition.	□ Attached
8.	Financial statements for past three years.	□ Attached
9.	List of lien and interest holders.	□ Attached

Applicant's Initial_____

AUTHORITY TO RELEASE CREDIT, CHARACTER, AND VENDOR HISTORY INFORMATION

Having made application through the Oregon State Police, I hereby authorize a complete investigation of the vendor, including vendor history, credit record, civil litigation, business records, corporate records history, corporate filings, banking records, and criminal arrest and indictments, by the Oregon State Police, or another police agency authorized to conduct applicant investigations to ascertain any and all information which may concern vendor credit, character, or history, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Major, Oregon State Police, Gaming Enforcement Division, 500 Airport Road, SE, Salem, OR 97301, by certified mail, return receipt requested.

That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

_____
Business Name (Please Print)

_____
Name (Company President/CEO, Corporate Officer)

_____
Signature Date

_____
Telephone

Subscribed and Sworn to before me
this_____
day of_____, 20___,
at_____, _____
City State (SEAL)

_____
Notary Public (Signature)

_____
Print Name

My Commission Expires:_____

Applicant's Initial_____

FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the Oregon State Police, Gaming Enforcement Division. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Major, Oregon State Police, Gaming Enforcement Division, 500 Airport Road, SE, Salem, Oregon 97301, certified mail, return receipt requested.

EXCUTED this _____ day of _____, 20___.

_____
Applicant's Signature

_____
Print Name

_____
Applicant's Title

Subscribed and Sworn to before me
this_____
day of _____, 20___,
at_____, _____
City State (SEAL)

_____
Notary Public (Signature)

_____
Print Name

My Commission Expires_____

Applicant's Initial_____

SWORN STATEMENT AND DEPOSITION

State of_____)
) ss.
County of_____)

I, _____, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and organizational chart, and that they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the refusal by the Oregon State Lottery to execute any contract or agreement. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, and organizational chart may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false, and (2) False Swearing is a Class A Misdemeanor."

Company President/CEO_____
Signature

_____ _____
Printed Name Title

I,_____, do hereby certify that I have prepared this document on
Representative's Name
behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

_____
Signature

_____ _____
Printed Name Title
Business Address: _____
_____
_____
Telephone Number: _____

Subscribed and Sworn to before me
this_____
day of_____, 20___,
at_____, _____ (SEAL)
City State

_____
Notary Public (Signature)

_____
Print Name

_____
My Commission Expires:_____

Applicant's Initial_____

Form **4506-T**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Lottery Security Section/Oregon Lottery
PO Box 12649/Salem, OR 97309

Caution. *If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . ☑

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☑

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ _____ _____ _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

		Telephone number of taxpayer on line 1a or 2a
Sign Here ▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Automated transcript request. You can quickly request transcripts by using our automated self help-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

OREGON DEPARTMENT OF REVENUE

TAX COMPLIANCE CERTIFICATION

FOR OFFICE USE ONLY
Date Received

• Please print using blue or black ink. • Return your completed form to the address below.

PART 1—TO BE COMPLETED BY APPLICANT

Applicant Name (last, first, middle initial)	Check One ☐ Owner ☐ Employee	Social Security Number (SSN)*	
Street Address	City	State	ZIP Code
Business Name		Federal Employer Identification Number (FEIN)	
DBA (doing business as), if applicable		Oregon Business Identification Number (BIN)	
Business Street Address	City	State	ZIP Code
Business Daytime Telephone Number ( )	Fax Number ( )	Other Telephone Number ( )	

Type of Business (check one): ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other (specify) _____

Did you have employees working for you within the past 12 months? ☐ Yes ☐ No If yes, how many? _____

Do you expect to have employees working for you within the next 12 months? ☐ Yes ☐ No If yes, how many? _____

Have you done business under any other business name(s) or federal employer identification number(s)? ☐ Yes ☐ No If yes, list below:

Name(s): FEIN(s):

AUTHORIZATION

I hereby authorize the Oregon Department of Revenue and its employees to disclose to the Oregon State Lottery/State Police whether or not the applicant or entity named above has filed all required tax returns and/or whether the applicant or entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant and the business entity, including all business owners indicated above. This authorization remains in effect until June 28, 2015 or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate the Oregon State Lottery to receive tax compliance information for the persons and tax years indicated. Oregon Revised Statute (ORS) 305.193, Oregon Administrative Rule (OAR) 150-305.193

Signature	Print Name	Date
X		
Title (if applicable)	Daytime Telephone Number ( )	

PART 2—TO BE COMPLETED BY DEPARTMENT OF REVENUE STAFF ONLY

Oregon Department of Revenue Tax Compliance Certification: ☐ In Compliance ☐ Not in Compliance

Signature of Department of Revenue Certifying Official	Title	Date of Compliance Certification
X		

Taxpayer assistance

General tax information..... www.oregon.gov/DOR
Salem..... 503-378-4988
Toll-free from an Oregon prefix..... 1-800-356-4222

Asistencia en español:
Salem..... 503-945-8618
Gratis de prefijo de Oregon..... 1-800-356-4222

TTY (hearing or speech impaired; machine only):
Salem..... 503-945-8617
Toll-free from an Oregon prefix..... 1-800-886-7204

Americans with Disabilities Act (ADA): Call one of the help numbers for information in alternative formats.

Fax to: 503-945-8735

—or—

Mail to: PTAC, Compliance & Filing Enforcement
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

** The submission of your Social Security number is voluntary. It will be used only for identification purposes to verify tax compliance as part of your application for a license, contract, or employment. Failure to provide it may result in a delay of the application and certification process. The statutory or other authority to request for Social Security number is provided by _____.*

150-800-743 (Rev. 7-06)