Form ID: OR Oregon General Information					
Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)					[1] Spouse
Number of months of federal service before 10/01/1991 (Federal employees) Total number of months of federal service (Federal employees)				Taxpayer[2][4]	[3] [5]
	Contrib	outions			
Amount of charitable contributions you wish to make to:					
Cascade AIDS Project	[6]	Oregon Humane S	ociety		[21]
Veterans Suicide Prevention	[7]	The Salvation Army			[22]
Oregon Non-game Wildlife	[8]	Doernbecher Children's Hospital		[23]	
Prevent Child Abuse	[9]	Oregon Veteran's Home			[24]
Alzheimer's Disease Research	[10]	ALS Association			[25]
Stop Domestic and Sexual Violence	[11]	Planned Parenthood			[20]
Habitat for Humanity	[12]	Lions Sight & Hearing Foundation			[27]
Head Start Association	[13]	Shriners Hospitals for Children			[28]
American Diabetes Association	[14]	Special Olympics			[29]
SMART - Start Making A Reader Today	[15]	Military Assistance Program			[30]
Oregon Coast Aquarium	[16]	Historical Society			[31]
SOLVE - Stop Oregon Litter and Vandalism _	[17]	Food Bank			[32]
The Nature Conservancy	[18]	Albertina Kerr Kid's Crisis Care			[33]
St. Vincent DePaul Society of Oregon	[19]	American Red Cross			[34]
Girl Scouts of Oregon & SW Washington	[20]				
	Political party you wish to	make contribution	ns to:		
Political Party				Taxpayer [35]	Spouse [36]
1 Oncicul 1 di cy				[55]	[50]
Political Party Contributions					
500 = Constitution Party of Oregon 501 = Democratic Party of Oregon 502 = Independent Party of Oregon	503 = Libertarian Party of Oregon 504 = Oregon Republican Party 505 = Pacific Green Party of Oregon		506 = Progressive Party 507 = Working Families Party of Oregon 508 = We the People Party		
Pa	art-year Resident and	Nonresident Ir	ıformation		
If you were a part-year resident during the tax year, enter the dates you lived in Oregon					
Dates of residence.			Taxpayer	Sį	oouse
Dates of residency:			·		
From		_	[37]		[39]
То		_	[38]		[40]

NOTES/QUESTIONS: