



# 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 <input type="checkbox"/> Owner <input type="checkbox"/> 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): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____					
Did you have employees working for you within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____					
Do you expect to have employees working for you within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____					
Have you done business under any other business name(s) or federal employer identification number(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 X	Print Name	Date
Title (if applicable)	Daytime Telephone Number ( )	

### PART 2--TO BE COMPLETED BY DEPARTMENT OF REVENUE STAFF ONLY

Oregon Department of Revenue Tax Compliance Certification: <input type="checkbox"/> In Compliance <input type="checkbox"/> Not in Compliance		
Signature of Department of Revenue Certifying Official X	Title	Date of Compliance Certification

#### Taxpayer assistance

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

Fax to: 503-945-8735

-- or --

#### Asistencia en español:

Salem .....503-945-8618  
 Gratis de prefijo de Oregon..... 1-800-356-4222

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

#### 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.

\* 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 \_\_\_\_\_