



# 2018 State of Oregon Child Care Contribution Tax Credit Refund Form

Date: \_\_\_\_\_

Name of Taxpayer (business or individual): \_\_\_\_\_

EIN, Social Security, or Tax ID Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of Original Contribution: \_\_\_\_\_

Requested Refund Amount: \_\_\_\_\_

I am hereby requesting that the above requested amount be refunded from my tax credit contribution for the 2016 tax year.

\_\_\_\_\_  
Signature

Send completed form:

**Early Learning Division  
Attn: Sandy Gorsage  
755 Summer St. Ne, STE 300  
Salem OR 97301  
Fax: 503-947-1955**

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

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