

Form OR-TCC

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(Rev. 01-16-24, ver. 01)

Oregon Department of Revenue



Office use only

Tax Compliance Certification

Submit original form—do not submit photocopy.

Part 1—To be completed by applicant

Type of compliance check requested: Business only Individual only Both individual and business

Preferred response method (check one): Mail Email Email: _____

Individual first name	Initial	Last name	Social Security number (SSN) or Individual taxpayer identification number (ITIN)
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Individual address	City	State	ZIP code
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Business legal name (Leave business fields blank if requesting compliance check for Individual only)	Federal employer identification number (FEIN)
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Doing business as (DBA) or assumed business name (ABN) if applicable	Business identification number (BIN)
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Business address	City	State	ZIP code
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Phone	Fax	Email
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Business tax entity type (check one): Sole proprietor Partnership S corporation C corporation Other (specify) _____

Do you use a professional employer organization (PEO) for employee payroll? Yes No

Is the Oregon income of this entity reported on the Oregon income tax return of any other entity? Yes No FEIN of other entity _____

Part 2—Authorization

I hereby authorize the Oregon Department of Revenue and its employees to disclose to _____ whether the applicant or business entity named above has filed all required tax returns and/or whether the applicant or business 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 or business entity, including all business owners indicated above. This authorization remains in effect until (MM/DD/YYYY) ____/____/____ or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate _____ to receive tax compliance information for the applicant or business entity and tax years indicated. Oregon Revised Statute (ORS) 305.193, Oregon Administrative Rule (OAR) 150-305-0120.

I attest under penalty of perjury that I am the individual or an authorized representative of the individual or entity listed above.

Signature of individual or business entity owner/officer, or authorized representative	Print name
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<input checked="" type="checkbox"/> Title (if applicable)	Daytime phone	Date
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Email to: compliance.checks@dor.oregon.gov

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

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
compliance.checks@dor.oregon.gov
Contact us for ADA accommodations or assistance in other languages.

Department of Revenue office use only		
Oregon Department of Revenue tax compliance certification: <input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance <input type="checkbox"/> Unable to process		
Department of Revenue certifying official signature	Title	Date of certification