



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				Employer Identification Number (EIN)	
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 employer identification number(s)? ☐ Yes ☐ No If yes, list below.

Name(s)	EIN(s)
_____	_____
_____	_____

AUTHORIZATION

I hereby authorize the Oregon Department of Revenue and its employees to disclose to DCBS/WCD/Worker Leasing 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 2 years from signature date 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 Worker Leasing Program to receive tax compliance information for the persons and tax years indicated. ORS 305.193, OAR 150-305.193.

Signature X	Printed 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— ☐ In Compliance. ☐ Not in Compliance.

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

Telephone: Salem 503-378-4988
Toll-free within Oregon 1-800-356-4222

Fax to: 503-945-8735

For general tax information: www.dor.state.or.us

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TTY (hearing or speech impaired; machine only): 503-945-8617
(Salem) or 1.800.886.7204 (toll-free within Oregon).

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 toll-free within Oregon).

Asistencia en español. Llamo al 503-945-8618 en Salem o llame gratis al 1-800-356-4222 en Oregon

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

*The submission or 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 your Social Security number is provided by _____.

150-800-743 (5-04)