## Schedule OR-MPC

Page 1 of 1, 150-101-178 (Rev. 07-23-20, ver. 01) Mobile Home Park Closure

Oregon Department of Revenue



Office use only

For tax year:						
First name	Initial	Last name	Social Security number (SSN)			
Spouse's first name	Initial	Spouse's last name (list even if you're filing sep	Spouse's SSN			
				— —		
Name of closing park			Dates you occupied your mobile home as your principal residence in the closing park			
			From: / /	To: / /		
Address of your mobile h	ome at clo	sing park (include city, state, and ZIP code)				
Manager's name			Manager's phor	Manager's phone number		
			( )			
Date the park owner or la	Indlord gav	ve you the park closure notice (mm/dd/yyyy)	Date you and your entire household moved out of the mobile home park (mm/dd/yyyy)			
			/ /			
List the name(s) and	J SSN(s)	of all owners of your mobile home:				
Name of other owner(s)			SSN of other owner(s)	Did they live with you at any time during the year?		
				Yes No		
				Yes No		

	4	5 000 00
	Yes	No
 	Yes	No

1. Maximum credit amount1	5,000.00
2. Enter the amount that was paid to you because the park closed due to	
eminent domain2	. 0 0
3. Line 1 minus line 2	. 0 0
4. Enter the total credit amount claimed by all other owners of your mobile home4	. 0 0
5. Your credit: Line 3 minus line 4. Enter this amount in section 5 of Schedule	
OR-ASC or section 7 of Schedule OR-ASC-NP using code 8915	. 0 0