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