

Form OR-EF

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(Rev. 08-20-21, ver. 01)

Oregon Department of Revenue



Oregon Individual Income Tax Declaration for Electronic Filing

Office use only

Tax year

Don't mail this form to the
Oregon Department of Revenue

First name	Last name	Social Security number (SSN)
Spouse's first name	Spouse's last name	Spouse's SSN
Current mailing address		
City	State	ZIP code
Phone () -		

Part I—Tax return information

1. Net refund (Form OR-40, Form OR-40-N, or Form OR-40-P)	1.	. 00
2. Amount you owe (Form OR-40, Form OR-40-N, or Form OR-40-P)	2.	. 00

Part II—Direct deposit of refund or direct debit (see instructions)

3. Routing number

4. Account number

5. Type of account ☐ Checking or ☐ Savings

Caution:

Oregon is unable to change account information. Verify that your banking information is correct. Entering incorrect information will cause a delay in your refund or rejection of your payment.

Part III—Declaration of taxpayer(s)

- 6a. ☐ I consent that my refund be directly deposited as designated in the electronic portion of my Oregon income tax return (Form OR-40, Form OR-40-N, or Form OR-40-P). If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.
- 6b. ☐ I am receiving a refund but I don't want to receive it by direct deposit.
- 6c. ☐ I consent that the return payment is made by direct debit using the account designated above. If I have filed a joint return, I am authorizing this payment on behalf of my spouse and myself.
- 6d. ☐ I am not receiving a refund or making an electronic payment.

Under penalties for false swearing, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator (ERO) or online service provider (OLSP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Oregon income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be forwarded upon request to the Oregon Department of Revenue (DOR) by my ERO or OLSP. If the processing of my return, payment, or refund is delayed, I authorize the department to disclose to my preparer the reason(s) for the delay and the date the payment was posted to my account or the refund was sent.

Sign here	Your signature	Date
	Spouse's signature (if filing jointly, both must sign)	Date

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Part IV—Declaration of electronic return originator (ERO) or paid preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with Oregon, and have followed all other requirements described in the *Modernized Electronic Filing Handbook for Software Developers and Tax Preparers*. If I am also the paid preparer, under penalty of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Electronic return originator's use only

ERO's signature X	Date / /	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm's name (or your name, if self-employed)	Phone () -	ERO's license number	
ERO's address	City	State	ZIP code

Under penalty of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid preparer's use only

Preparer's signature X	Date / /	<input type="checkbox"/> Check if self-employed	
Firm's name (or yours if self-employed)	Phone () -	Certificate/license number	
Preparer's address	City	State	ZIP code

Don't mail this form or your paper return to the Oregon Department of Revenue