

IN THE OREGON TAX COURT
MAGISTRATE DIVISION
_____ Tax

| | | |
|---------------|---|-------------|
| _____ |) | |
| _____ |) | |
| Plaintiff(s), |) | TC-MD _____ |
| |) | |
| v. |) | |
| |) | |
| _____ |) | |
| _____ |) | |
| Defendant(s). |) | ANSWER |

Defendant answers Plaintiff's/s' complaint as follows:

Section 1. Defendant **agrees** with the following: _____

Section 2. Defendant **disagrees** with the following: _____

Section 3. Defendant **requests** the following: _____

Certification: By signing below, Defendant certifies that the statements above constituting the Answer are accurate and true and will be supported by the evidence.

Authorized Signature(s) (required)

Print Name(s) (required)

Date Signed (required)

Mailing Address (required)

City State Zip Code

(____)_____
Daytime Telephone Number (required)

CERTIFICATE OF SERVICE

I hereby certify that on _____ (date), a copy of this Answer was served on _____ (Plaintiff(s)), by depositing in the United States Postal Service, at _____ (city), a full, true and correct copy of this Answer addressed to:

Name

Street Address

City State Zip Code

Signature

Print Name

Date Signed