

# Oregon Workers' Benefit Fund Assessment Report

Oregon Department of Consumer & Business Services

## Forms and instructions for Oregon employers reporting only the Workers' Benefit Fund Assessment

- **FORM OQ (ANNUAL)**  
(Workers' Benefit Fund Assessment only)
- *Corrections and Changes Notification*  
WBF Assessment

This booklet is for employers who are required to report and pay the Workers' Benefit Fund Assessment but don't report unemployment insurance tax, or TriMet or Lane Transit taxes, and report withholding tax annually using Form WA.

### How to ensure that your report is processed timely

- ✓ Do you use a tax preparer? If so, they may need this booklet to file your reports.
- ✓ Double check your math.
- ✓ When making a payment by check, you must include a Form OTC with your Form OQ.

Oregon Combined Tax Payment Coupons (Form OTC) aren't in this booklet. They were sent separately to employers in December of last year.

150-211-155-4 (Rev. 12-10)



Department of Consumer & Business Services  
PO Box 14480  
Salem OR 97309-0405

# Workers' Benefit Fund Assessment Reporting Information

**Filing Due Date for Form OQ (Annual): January 31**

## Instructions for completing Form OQ (annual)

Because you report withholding taxes using Form WA, and are otherwise subject only to the Workers' Benefit Fund (WBF) assessment, you only need to fill out boxes 9–13 on Form OQ. **Complete only boxes 9–13, sign your Form OQ on the signature line, and include a telephone number and the date the form was prepared.** Your signature is required even when filing a zero (-0-) report.

If the pre-printed mailing address, name, or federal employer ID number (FEIN) is wrong, contact your workers' compensation insurer with the corrected information. Also, complete and return a *Corrections and Changes Notification* form so that the Department of Consumer and Business Services (DCBS) can update its records.

If you make an error completing Form OQ, don't cross it out. Use correction fluid or completely erase the error, then write the correct information.

**Box 9.** Total all full and partial hours worked by all paid individuals (workers, owners, officers) subject to Oregon's Workers' Compensation law or covered by workers' compensation insurance through personal election. **Enter the total hours for the entire year rounded down to the nearest whole (no fractions or decimals).** If you have no hours to report for the year, enter -0-.

**Box 10.** Assessment rate. This is the current worker and employer rate combined. Employers contribute one-half of the hourly assessment amount and deduct one-half from workers' wages. If this box is blank, please call 503-378-2372 for the current rate.

**Box 11.** Multiply box 9 times box 10. Round down to the nearest cent. This is the total WBF assessment due for the year. If no assessment is due for the year, enter -0-.

**Box 12.** Enter the amount of any prepaid WBF assessment or WBF assessment credits.

**Box 13.** Subtract box 12 from box 11. This is the net WBF assessment due. If the amount is less than zero, enter -0-. This amount should match the amount you enter in the "Workers' Benefit Fund Assessment" box on Form OTC.

Sign your Form OQ on the signature line, and remember to include a telephone number and the date the form was prepared.

Make your check payable to "**Oregon Department of Revenue**" and include a completed payment coupon (Form OTC) as well as your Form OQ when mailing.

Mail to: Oregon Department of Revenue  
PO Box 14800  
Salem OR 97309-0920

## WBF assessment reporting liability

The WBF assessment is an hourly assessment based on the total number of full and partial hours worked during the year by (1) all paid workers required by Oregon law to be covered by workers' compensation insurance, and by (2) all others who receive monetary compensation (including yourself and workers not required by Oregon law to be covered) that you choose to cover under workers' compensation insurance.

You may qualify for exemption from reporting the WBF assessment if you don't have any paid individuals (including yourself) covered by your workers' compensation insurance policy (see chart on page 4). You must resume reporting the WBF assessment as soon as you have paid subject workers or elect to cover yourself or other paid nonsubject individuals with your workers' compensation insurance policy.

If you qualify for a reporting exemption, complete and mail to DCBS the *Correction and Changes Notification* form located at the back of this booklet. The form is also available at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml).

## Hourly assessment

The assessment is based on the total number of full and partial hours worked by all paid individuals subject to the assessment. The hours are reportable in the year paid. This means that hours worked in December but not paid until January 1 are reportable in the new calendar year. The hourly assessment rate is printed on Form OQ, box 10, and may change annually.

Information on determining and calculating hours worked is available at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml), or by calling 503-378-2372.

## **Rounding**

- Don't round an individual worker's hours when calculating their deductions.
- Round the total reported hours of all individuals (box 9) down to the nearest whole hour.
- Round the total amount due (box 11) down to the nearest whole cent.

## **Oregon combined tax payment coupons (Form OTC) were mailed separately**

You should have received your payment coupons in December of the previous year. If you don't have your coupons, call 503-378-2372.

## **Filing Form OQ (annual)**

**Annual filers may report the WBF assessment using only the hard copy Form OQ (annual). This is true even if you previously reported using OTTER (Oregon Tax Employer Reporting) software, SETRON (the Secure Employer Tax Reporting On-line), or by telephone (IVR) for quarterly reporting.**

Review the Annual Checklist on page 6, and mail your reporting forms and payment to the address at the bottom of Form OQ.

## **Keep your records**

You must keep all WBF assessment-related payroll records for at least four years.

# Workers' Benefit Fund Assessment

## General Information

### The Workers' Benefit Fund

The WBF assessments collected from employers and workers are deposited into the Workers' Benefit Fund. This fund supports programs that directly benefit injured workers and the employers who help them return to the work force. More information about programs supported by the Workers' Benefit Fund is at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml).

To keep the Workers' Benefit Fund in balance, the director of DCBS determines and sets the WBF assessment rate annually in compliance with requirements in ORS 656.506. (This assessment rate is printed in box 10 on Form OQ.)

To calculate the total WBF assessment amount due, employers multiply the assessment rate by the number of full or partial hours worked by each paid subject or covered worker. Employers contribute one-half of the amount due, deduct from the worker's wages one-half of the amount due, and report the full amount (workers' and employer's share) on Form OQ (annual).

### Definitions

**Personal election.** Your choice to maintain workers' compensation coverage for yourself or your nonsubject Oregon workers.

**Subject workers.** Workers required by law to have workers' compensation insurance.

### Requirements to report and pay the Workers' Benefit Fund assessment

If you don't file Form OQ (the Oregon Quarterly Tax Report) to report state withholding, transit, or unemployment insurance taxes, but have workers' compensation insurance coverage, refer to the following chart to determine whether you must pay and/or report the WBF assessment using Form OQ (annual).

Conditions	Requirements	
	File OQ to report hours?	Pay WBF Assessments?
1. During the calendar year, you had subject workers or personal election coverage.	Yes	Yes
2. For the calendar year, you had no subject workers or personal elections.	Yes, to report -0- hours.	No, none due.
3. You maintain coverage, but you plan to have no subject workers or personal elections for any of the new calendar year.	Yes, for the current calendar year, but send a completed <i>and Changes</i> <i>Corrections Notification</i> form to get a reporting exemption for the new calendar year.	Yes, for any hours reported for the current calendar year.

You must report the WBF assessment every year that you meet the conditions for reporting in the chart above. If payments also are due, you must mail them with a payment coupon (Form OTC). Your payment and Form OTC should accompany Form OQ (annual). Failure to file and pay when required may result in the assessment of penalties.

**Note:** Continue reporting the WBF assessment on an annual filing schedule as long as you report state withholding taxes annually and aren't subject to unemployment insurance or transit taxes that are reported quarterly. However, if you change to a quarterly filing schedule for state withholding taxes or are required to report unemployment insurance or transit taxes quarterly and retain workers' compensation insurance coverage in Oregon, you will need to report the WBF assessment quarterly.

If you become subject retroactively to unemployment insurance or transit taxes that are reported quarterly, and receive a Form OQ (annual) to report the WBF assessment, call 503-378-2372 to determine what form to use to report the WBF assessment.

# Workers' Benefit Fund Assessment

## General Information

### How to update or close your WBF assessment account

If the preprinted information on your Form OQ is incorrect, or if you had changes in business status, please see the checklist on page 6 for instructions.

Having an active workers' compensation insurance policy triggers two types of liability:

- Claims liability, which is the insurance company's responsibility to address claims filed by covered workers; and
- Assessment reporting liability, which is the employer's responsibility to report and pay the WBF assessment.

If you change ownership, discontinue business, or no longer employ workers, contact your workers' compensation insurer with the corrected information. Your WBF assessment account will stay open as long as your workers' compensation insurance coverage is active and on file with Oregon.

When you cancel your insurance coverage, you can expedite closing your WBF assessment account by completing the *Corrections and Changes Notification* form. This form is available at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml) or by calling 503-378-2372.

### Interest and penalties for late filing of WBF assessment

DCBS charges interest on unpaid WBF assessments. The rate of 9 percent per year may be charged on all overdue balances.

DCBS may charge a late-filing penalty if you make your payment or file your Form OQ (annual) after the January 31 due date. DCBS may charge a civil penalty of up to \$2,000 for each violation if you don't make a payment or file your report on time. Penalties are assessed at 10 percent of the outstanding balance, with a minimum of \$50 for each violation. This is in addition to any interest due.

If your account is assigned for collection, you will be responsible for paying the collection fee.

### Failure to file

If you don't file an annual report, DCBS may assess an amount due based on available information. DCBS may charge penalties and interest on the amount assessed.

### Amending Form OQ (annual)

DCBS can't initiate or accept adjustments to Form OQ or WBF assessment payments for years before the current year and three preceding years.

Don't adjust for any prior years' over-reported or under-reported hours or assessment on the current year's Form OQ. Mark these adjustments in blue or black ink on a copy of the original Form OQ for the year you are amending. Clearly write "Amended" at the top of the form and mail to:

**WC Assessments Section  
DCBS, Fiscal and Business Services  
PO Box 14480  
Salem OR 97309-0405**

If you want a credit refunded instead of applied to your account, send a written request to the address above. Include your account name, business identification number (BIN), the word "Refund," and the amount you want refunded. Don't use Form OQ (annual) to request a refund.

### Questions?

- A Workers' Benefit Fund Assessment information sheet is at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml).
- For more information about programs supported by the Workers' Benefit Fund, visit [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml).
- For information on **collection and reporting of WBF assessments**, call DCBS Fiscal and Business Services, 503-378-2372, or e-mail [wbfassess.fabs@state.or.us](mailto:wbfassess.fabs@state.or.us).
- For information about **workers' compensation insurance coverage**, call the Workers' Compensation Division of DCBS, 1-888-877-5670 or 503-947-7815, or e-mail [wcd.employerinfo@state.or.us](mailto:wcd.employerinfo@state.or.us).
- For information on your **reporting liability status for WBF assessments**, call the Workers' Compensation Division of DCBS, 503-947-7589.

## Workers' Benefit Fund Assessment Annual Checklist

- If the BIN on the enclosed Form OQ has been replaced by another BIN or is incorrect, complete the *Corrections and Changes Notification* form in the back of this booklet or at [www.oregon.gov/DCBS/FABS/wbf.shtml](http://www.oregon.gov/DCBS/FABS/wbf.shtml). Mail it to the address below so that we can correct our records.

If you received another booklet with the correct BIN on Form OQ, use it and destroy this booklet. If you received only forms with an incorrect BIN (no additional correct booklet), cross out the incorrect BIN and write in the correct BIN. Continue to use these forms until you receive corrected forms.

- Notify your insurer **and** send a completed *Corrections and Changes Notification* form to the address below if:
- The preprinted business name, mailing address, or federal employer ID number (FEIN) on Form OQ is incorrect, or
  - You change ownership, discontinue business, no longer employ workers, or no longer have nor are required to have workers' compensation insurance coverage.
- Send a completed *Corrections and Changes Notification* form to the address below (don't notify your insurer) if:
- You maintain a "just in case" workers' compensation insurance policy with no covered workers or personal election to cover yourself, or
  - You maintain a workers' compensation insurance policy that covers exclusively volunteers.
- Mail your completed *Corrections and Changes Notification* form to:

**WC Assessments Section  
DCBS, Fiscal and Business Services  
PO Box 14480  
Salem OR 97309-0405**

- Notify **only** your insurer if you change partnership or corporate status or make-up, or change the number of personal elections taken. These changes don't necessarily alter your WBF assessment reporting liability.
- Type all data or use a computer printer. If using a computer printer, use a 12-point Courier font. If you use a dot matrix printer, make sure the print is solid black and use a 12-point Courier font.
- Our electronic processing equipment can read your Form OQ **more accurately** if you fill it out using only capital letters. Please help us avoid processing errors and sending you unnecessary notices by using **CAPITAL LETTERS ONLY** on your report.
- If you're sending a payment, enclose Form OTC with your Form OQ. Specify the fourth quarter and the amount allocated to the Workers' Benefit Fund. Be sure the payment amount in the "Workers' Benefit Fund Assessment" box on Form OTC equals the amount in box 13, "Total Assessment Due" on Form OQ.
- Send the original Form OQ. Don't send photocopies. If you need more forms, call DCBS, 503-378-2372.
- Don't staple or tape forms or payment.
  - Remove and retain your payment record stub.
  - Remove and retain your check stub.
  - Don't post date checks.
  - Mailing address:  
**Oregon Department of Revenue  
PO Box 14800  
Salem OR 97309-0920**



In compliance with the Americans with Disabilities Act (ADA), this information is available in alternative formats by calling the **Oregon Department of Revenue**, 503-378-4988.

## Workers' Benefit Fund Assessment CORRECTIONS AND CHANGES NOTIFICATION

• Use this form to update your Workers' Benefit Fund assessment account\*

Business Name	Oregon Business Identification Number (BIN)
---------------	---

<b>CORRECTIONS</b> (enter corrected information)			
Is this address to be used for forms only? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Name		BIN	
Mailing Address		Federal Employer Identification Number (FEIN)	
City	State	ZIP Code	Telephone Number (      )

<b>CHANGES IN STATUS</b> (check and complete all that apply)
--

- 1. **No longer in business.** Effective date of closure: \_\_\_\_\_
- 2. **Still in business, but have no paid employees.** Effective date: \_\_\_\_\_  
 I maintain workers' compensation insurance coverage:
  - Not for myself and/or corporate officers, but in case I hire employees.
  - To cover myself and/or corporate officers exclusively; no employees.
  - To cover volunteer workers exclusively.
- 3. **I no longer have workers' compensation insurance coverage:**
  - I have canceled my workers' compensation insurance coverage.  
 Effective date of cancellation: \_\_\_\_\_
  - I will be canceling my workers' compensation insurance coverage.  
 Effective date of cancellation: \_\_\_\_\_
- 4. **I now use leased employees only.** Effective date: \_\_\_\_\_
- 5. **Other.** Please explain: \_\_\_\_\_

**DCBS Use Only**

RC02 \_\_\_\_\_

RC06 \_\_\_\_\_

A/L \_\_\_\_\_

RC06 \_\_\_\_\_

RC02 \_\_\_\_\_

RC02 \_\_\_\_\_

RC05 \_\_\_\_\_

\* **Contact your insurance carrier to make any changes in name, partnership, corporate status, or changes in the number of personal elections taken.** Check with your insurance company to see if it will accept a copy of this form as notification of any changes or corrections to your insurance policy.

**Note:** Submitting this notice to the Workers' Compensation Division will affect **only** your Workers' Benefit Fund assessment account for purposes of reporting. It will **not** affect your workers' compensation insurance coverage or claims liability. You need to contact your insurance provider to notify it of the changes.

I understand that I am required to report and pay the Workers' Benefit Fund assessment at any time that the law requires or I choose to carry workers' compensation insurance coverage for myself or for any of my paid workers in Oregon.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

\_\_\_\_\_ (      ) \_\_\_\_\_  
 Print Name Telephone Number

Mail your completed form to:  
**WC Assessments Section**  
**DCBS Fiscal and Business Services**  
**PO Box 14480**  
**Salem OR 97309-0405**