

# REGISTRATION REPORT

## Withholding on IRAs, Annuities, and Compensation Plans

FOR AGENCY USE ONLY			
BIN		Date received	
E/R code	County	SIC	NAICS <b>525110</b>

- **Bold print are required fields.**
- We cannot issue a business identification number (BIN) if your registration is incomplete.
- You must fill in the date of first disbursement.
- Please type or print.
- **Note: Use the *Combined Employers Registration* form 150-211-055 if you need to establish a payroll account.**

<b>Business name</b>		Type of ownership <b>Pension and Annuity</b>	
Federal identification number (FEIN)		<b>WITHHOLDING TAX</b>	<b>Date of disbursement (this box must be completed)</b> Month _____ Day _____ Year _____
<b>Business telephone number</b> ( ) Ext.			
<b>Person at business authorized to discuss your account with us</b>		<b>Telephone number</b> ( ) Ext.	E-mail address
<b>Business mailing address</b>		<b>FAX number</b> ( )	
<b>City</b>		<b>State</b>	<b>ZIP code</b>
Offsite payroll service, accountant, or bookkeeper			
Contact person at the offsite payroll service, accountant, or bookkeeper		<b>Telephone number</b> ( ) Ext.	E-mail address
Mailing address for offsite payroll service (send: <input type="checkbox"/> forms <input type="checkbox"/> billings to this address?)			
C/O			
<b>City</b>		<b>State</b>	<b>ZIP code</b>
Bank reference / branch address			

### IDENTIFICATION OF OWNERS, PARTNERS, CORPORATE OFFICERS, ETC.

(list additional owners on a separate sheet and attach to this form)

<b>Social Security number*</b>	<b>Telephone number</b> ( )	<b>Social Security number*</b>	<b>Telephone number</b> ( )
<b>Name</b>		<b>Name</b>	
<b>Home address</b>		<b>Home address</b>	
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>City</b>
<b>State</b>	<b>ZIP code</b>	<b>City</b>	<b>State</b>
<b>ZIP code</b>		<b>ZIP code</b>	
<b>Responsible for:</b> <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Determining which creditors to pay first		<b>Responsible for:</b> <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Determining which creditors to pay first	

### AUTHORIZATION

I certify the above statements to be true and correct. I authorize the Department of Revenue to verify any of the above information with regard to this business. I will notify the Department of Revenue if there is a change or cancellation of the above authorized representative.

<b>Signature</b> <b>X</b>	<b>Date</b>	<b>Signature</b> <b>X</b>	<b>Date</b>
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### INSTRUCTIONS

#### Who must register

Payors of any IRAs, annuities, or compensation plan distributions to an individual.

**Need more information?** Call 503-945-8091.

#### Forms to be filed

**OQ**— Oregon Quarterly Combined Tax Report (fill out column B only on the OQ)

**WR**— Oregon Annual Reconciliation Report

\*As required by OAR 150-305.100.

Fax to: **503-947-1528** or Mail to: **OREGON EMPLOYMENT DEPARTMENT**  
**875 UNION ST NE RM 107**  
Retain a copy for your records. **SALEM OR 97311**  
**FAX: 503-947-1528**