Clear Form

OREGON DEPARTMENT OF REVENUE

EMPLOYEE'S SUBSTITUTE WAGE AND TAX STATEMENT (SUBSTITUTE W-2)

Date Received

Please provide the information requested below. Attach a copy of the IRS wage transcripts **OR** other W-2s for other years same employer **OR** payroll check stubs as proof of state withholding claimed.

Business Name			Taxpayer's Name		
Owner's Name			Telephone Number	Social Security Number	
Business Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Wages Received	State Tax Withheld	Federal Tax Withheld	Period of Employment (Month, Day, Year) From:	To:	
Filing Status	Exemptions	Job Site Location			

Explanation

DECLARATION

Under penalties for false swearing I declare that I have examined this document and to the best of my knowledge it is true, correct, and complete. I authorize the Oregon Department of Revenue to use this information as a basis for action on my claim against the employer. I understand that loss of withholding credit may result from subsequent findings or my failure to supply satisfactory proof or information.

Taxpayer's Signature	Date
X	