Oregon Combined Payroll Tax Business Contact Change Form

To update contact and address information

Current information will ensure that you receive tax forms and other important information.

	FC	orm avaiiabi	e electronic	ally at: nttps	://secure.sc	s.state.or.us/ABNVVeb
Business name				BIN (Oregon bu	usiness identific	cation number) _
Other names (ABN/DBA)				FEIN (Federal employer identification number)		
				_	-	
Update mailing address						
(attach additional sheet if necessary)						
	Business mail	Payroll tax f	orms			
Address						
City				State		Zip
Telephone Extension	Cell	E:	ktension	Fax		Extension
() –	() -			()	-	
E-mail			ere to authorize e of tax informa	us to initiate e-ration		Revoke all prior e-mail addresses
Update physical locations (attach additional sheet if necessary)						
		""				
#1 Add location Delete lo	#2 Add location Delete location					
Reason		Reason				
Street address	Street address					
City State	Zip	City			State	Zip
☐ Is this an employee's home address?	☐ Is this an employee's home address?					
Update offsite payroll services, a (attach a Power of Attorney for Authorized		ookkeep	ers			
Name of service, accountant or bookkeeper	Tropresentative)				Effective date	
Contact		Telephone (_		Extension	
Address						
		City			State	Zip
Fax () –	E-mail					
Submitted by:						
Print name		Title		Te	lephone	_
Signature					Date	

Fax to: 503-947-1700

Or mail to: Employment Department, 875 Union St NE Rm 107, Salem OR 97311-0030