

REGISTRATION REPORT

Withholding on IRAs, Annuities, and Compensation Plans

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

- **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.**

Business name		Type of ownership Pension and Annuity	
		WITHHOLDING TAX	Date of disbursement (this box must be completed) Month _____ Day _____ Year _____
Federal identification number (FEIN)	Business telephone number () Ext.		One-time distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person at business authorized to discuss your account with us		Telephone number () Ext.	E-mail address
Business mailing address		FAX number ()	
City		State	ZIP code
Offsite payroll service, accountant, or bookkeeper			
Contact person at the offsite payroll service, accountant, or bookkeeper		Telephone number () Ext.	E-mail address
Mailing address for offsite payroll service (send: <input type="checkbox"/> forms <input type="checkbox"/> billings to this address?)			
C/O			
City		State	ZIP code
Bank reference / branch address			

IDENTIFICATION OF OWNERS, PARTNERS, CORPORATE OFFICERS, ETC.

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

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

Signature	Date	Signature	Date
X		X	

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
SALEM OR 97311

Retain a copy for your records.