

Form OR-STT-2

Page 1 of 1, 150-206-006 (Rev. 10-18) Oregon Department of Revenue



Office use only
Date received

Statewide Transit Tax Employee Detail Report

Submit original form—do not submit photocopy

Business name	Business identification number (BIN)	Federal employer identification number (FEIN)
	-	-

Total subject wages	Quarter	Year
<input type="text"/>		

Must equal total in "Subject wages" box of quarterly or annual STT form.

Enclose with Form OR-STT-1, *Oregon Quarterly Statewide Transit Tax Return*, or Form OR-STT-A, *Oregon Annual Statewide Transit Tax Withholding Return*.

	Social Security number (SSN)	First initial	Employee last name	Total subject wages	Statewide transit tax withheld
1	- -			<input type="text"/>	<input type="text"/>
2	- -			<input type="text"/>	<input type="text"/>
3	- -			<input type="text"/>	<input type="text"/>
4	- -			<input type="text"/>	<input type="text"/>
5	- -			<input type="text"/>	<input type="text"/>
6	- -			<input type="text"/>	<input type="text"/>
7	- -			<input type="text"/>	<input type="text"/>
8	- -			<input type="text"/>	<input type="text"/>
9	- -			<input type="text"/>	<input type="text"/>
10	- -			<input type="text"/>	<input type="text"/>
11	- -			<input type="text"/>	<input type="text"/>
12	- -			<input type="text"/>	<input type="text"/>
13	- -			<input type="text"/>	<input type="text"/>
14	- -			<input type="text"/>	<input type="text"/>
15	- -			<input type="text"/>	<input type="text"/>
16	- -			<input type="text"/>	<input type="text"/>
17	- -			<input type="text"/>	<input type="text"/>
18	- -			<input type="text"/>	<input type="text"/>
Column totals				<input type="text"/>	<input type="text"/>
Totals from all pages				<input type="text"/>	<input type="text"/>

Note: All employers who are subject to withholding must complete this form. Failure to report all employees with correct SSNs may result in penalties. For additional blank forms, go to our website: www.oregon.gov/dor/forms.