

Form OR-STT-A

Page 1 of 1, 150-206-001 (Rev. 06-18) Oregon Department of Revenue



Office use only
Date received

Oregon Annual Statewide Transit Tax Withholding Return

Submit original form—do not submit photocopy

For tax year:

Business name	Business identification number (BIN)	FEIN	
Street address (not a PO Box)	City	State	ZIP code

PART A—Payroll information

If you had **no payroll**, write -0- on lines 1, 3, 4, and 5. Sign form and file by the due date.

1. Fill in Oregon gross payroll paid for the calendar year. Include total wages, salaries, commissions, bonuses, fees, etc. 1.
2. Oregon statewide transit tax rate 2. **x 0.001**
3. Enter total Oregon statewide transit tax owed from employees' pay this year, (line 1 multiplied by line 2)..... 3.
4. Enter total Oregon statewide transit tax paid this year 4.
5. **AMOUNT DUE:** If line 4 is less than line 3, enter the difference on line 5. Include payment and payment coupon with this return..... 5.
6. **CREDIT:** If line 4 is more than line 3, enter the difference on line 6 6.

PART B—Monthly tax liability information

Enter statewide transit tax liability amounts for each month liability was incurred.

Month ending	Tax liability amount	Month ending	Tax liability amount
1. January 31 1.	Not required	7. July 31 7.	<input type="text"/>
2. February 28..... 2.		8. August 31 8.	<input type="text"/>
3. March 31 3.		9. September 30 9.	<input type="text"/>
4. April 30..... 4.		10. October 31 10.	<input type="text"/>
5. May 31..... 5.		11. November 30 11.	<input type="text"/>
6. June 30 6.		12. December 31..... 12.	<input type="text"/>

13. Enter total tax liability amounts for year... 13.

NOTE: In addition to this form, be sure to file Form OR-WR, *Oregon Withholding Tax Annual Reconciliation Report*, by the last day of January following the year being filed. If you cease doing business during the tax year, the Form OR-WR must be filed within 30 days of termination of business. For more information, call the Oregon Department of Revenue, (503) 945-8091.

Declaration

I declare under penalties for false swearing [Oregon Revised Statute 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature X	Date / /	Signature of preparer other than taxpayer X
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Pay online: revenueonline.dor.oregon.gov OR Make check or money order payable to: Oregon Department of Revenue Mail return with voucher, and check or money order to: Oregon Department of Revenue PO Box 14800, Salem OR 97309-0920	License number	Phone
	Address of preparer	
	City	State ZIP code