

Form OQ/OA - **AMENDED** Report

BUSINESS NAME: _____

Business Identification Number: _____ - ____

Federal Identification Number: _____ - _____

QTR/YR Changed: ____/____

Number of Workers

	Correct Amount	Original Amount as Reported	Net Change
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First Month.....			
Second Month.....			
Third Month.....			

Unemployment Insurance (UI)

	Correct Amount	Original Amount as Reported	Net Change
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Subject Wages			
Excess Wages			
Taxable Wages			
Tax Rate (decimal).....			
Tax			

Workers' Benefit Fund (WBF)

	Correct Amount	Original Amount as Reported	Net Change
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Whole Hours Worked ..			
WBF Rate (decimal).....			
Total Assessment Due ...			

Monthly Summary of State Withholding

	Correct Amount for First Month (M1)	Correct Amount for Second Month (M2)	Correct Amount for Third Month (M3)
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Reason for Amended:

I certify this report is true and correct and is filed under penalty of false swearing.

Signature

Required **X**

Prepared By

Date

Preparer Telephone Number

FAX TO: (503) 947-1700 OR **MAIL TO:** OREGON DEPARTMENT OF REVENUE, PO BOX 14800, SALEM OR 97309-0920

MAKE CHECK PAYABLE TO: OREGON DEPARTMENT OF REVENUE and **INCLUDE OTC**

State Withholding

	Correct Amount	Original Amount as Reported
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Subject Wages ..		
Tax		
Prepaid		
Total Tax Due ...		

TriMet Transit District

	Correct Amount	Original Amount as Reported
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Subject Wages ..		
Tax		
Prepaid		
Total Tax Due ...		

Lane Transit District

	Correct Amount	Original Amount as Reported
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Subject Wages ..		
Tax		
Prepaid		
Total Tax Due ...		