Clear form

Form OA Domestic
Oregon Annual Tax Report

6526010123

Date received

For more detailed instructions, see the Oregon Domestic Combined Payroll Tax Report at www.oregon.gov/dor. Make sure to enter the amount you paid for each tax in the appropriate box. **Complete both sides of this form.**
To make a payment:

- Use electronic funds transfer (EFT) on Revenue Online at www.oregon.gov/dor; or
- **Complete Form OR-OTC-V and mail with your check,** payable to Oregon Department of Revenue, to:

  Oregon Department of Revenue
  PO Box 14800
  Salem OR 97309-0920

Business name

Federal employer identification number (FEIN)

Business identification number (BIN)

Quarter/Year (Q/YY) ___ / ___

	State Income Tax Withholding
1. **Subject wages.** Enter 0 if there was no payroll, but you were still subject to withholding ....1.	
2. **Total tax amount.** You must enter the tax amount for the year....2.	
3. **Tax pre-paid this year** ....3.	
4. **Total due.** Line 2 minus line 3....4.	

5. Report the number of workers covered for Unemployment Insurance (UI) who worked during or received pay for the period (see instructions).

5a. **October**	5b. **November**	5c. **December**	5d. **Total**

6. **Paid Leave out-of-state employees.** Total of employees paid to work exclusively outside of Oregon.

6a. **First quarter**	6b. **Second quarter**	6c. **Third quarter**	6d. **Fourth quarter**

7. **Paid Leave Replacement Workers.** Total of temporary workers employed as replacements for employees taking Paid Leave in the quarter.

7a. **First quarter**	7b. **Second quarter**	7c. **Third quarter**	7d. **Fourth quarter**

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Business identification number (BIN) | Quarter/Year (Q/YY)

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		Unemployment Insurance (UI)		Paid Leave
8. **Subject wages.** Enter 0 if there was no payroll, but you were still subject	8a.		8b.	
9. **Excess wages** (see instructions)	9a.		9b.	
10. **Taxable wages.** Line 8 minus line 9.	10a.		10b.	
11. **UI tax / Paid Leave contribution rate**	11a.		11b.	
12. **Paid Leave employer contributions** (Line 10b multiplied by line 11b multiplied by 0.40)	12.			
13. **Paid Leave employee contributions** (Line 10b multiplied by line 11b multiplied by 0.60)	13.			
14. **Total.** For line 14a, multiply line 10a by line 11a. For line 14b, add line 12 to line 13.	14a.		14b.	
15. **UI tax / Paid Leave contribution pre-paid this quarter**	15a.		15b.	
16. **Penalty and interest owed**	16a.		16b.	
17. **Total due.** Line 14 minus line 15, add line 16	17a.		17b.	

Special Payroll Tax Offset. See instructions.

18. Special payroll tax offset. Use to calculate the "contributions paid to the state" on federal Form 940 ..... 18.

19. Amount applied to UI trust fund. Line 14a minus line 18. ..... 19.

Workers' Benefit Fund (WBF) Assessment

20. **Hours worked by paid workers subject to Oregon Workers' Compensation law.** (Whole hours only. Hours do not need to equal hours reported on Form 132.) ..... 20.

21. **WBF assessment rate** ..... 21.

22. **Total assessment.** Line 20 multiplied by line 21 ..... 22.

23. **Assessment prepaid.** Add prepayments that were made this year or any credit you may have on your WBF account ..... 23.

24. **Total WBF assessment due.** Line 22 minus line 23 ..... 24.

Total Payment Due

25. **Total Payment Due.** Add lines 4, 17a, 17b, and 24 ..... 25.

Under penalty of false swearing, I declare that the information in this report and any enclosures are true, correct, and complete.

Signature | Date (MM/DD/YY)

X

Preparer name | Preparer phone | Preparer license number