Clear this page

2021 Form OR-W-4

Oregon Department of Revenue
19612101010000
(Rev. 08-14-20, ver. 01)

Oregon Employee's Withholding Statement and Exemption Certificate

Office use only

First name	Initial	Last name	Social Security number (SSN)	☐ Redetermination
			– –	

Address	City	State	ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:** ☐ Single ☐ Married ☐ Married, but withholding at the higher single rate.
   Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.

2. **Allowances.** Total number of allowances you're claiming on line **A4, B15,** or **C5.** If you meet a qualification to skip the worksheets and you aren't exempt, **enter 0** ..... 2.

3. **Additional amount,** if any, you want withheld from each paycheck..... 3. .00

4. **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
   - Enter the corresponding exemption code. (See instructions)..... 4a.
   - Write "Exempt"..... 4b.

Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.)	Date

Employer use only.

Employer's name	Federal employer identification number (FEIN)		

Employer's address	City	State	ZIP code

—Provide this form to your employer—