## 2021 Form OR-W-4



2021 Form OR-W-4			Office use only	
Page 1 of 1, 150-101-402 (Rev. 08-14-20, ver. 01)	Oregon Department of Revenue	19612101010000		
Oregon Employee's Withh				

First name Initial Last name			Social Security number (SSN) Redetermination						
Addı	ress			City		State	ZIP code		
	gon Department of Select one:	Rever Single	a certain number of allowances or nue. Your employer may be required Married Married, ar box if you're married and you're	d to send a copy of this form to but withholding at the higher s	the depart	ment for	review.		
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								
3.	Additional amount, if any, you want withheld from each paycheck					3.			
4.	the conditions for • Enter the corres	exemp pondi	olding. I certify that my wages are stoom as stated on page 2 of the instruction gexemption code. (See instruction)	uctions. Complete <b>both</b> lines bel ns)	ow: 4				
	<u> </u>		false swearing, I declare that the int	formation provided is true, corr	ect, and co	mplete.			
Emp	loyee's signature (This fo	rm isn't	valid unless signed.)		Date				
Emp	oloyer use only.								
Employer's name Fed				ederal employer identification number (FEIN)					
Emp	loyer's address			City		State	ZIP code		

-Provide this form to your employer-