

# Registration Report

## Withholding on IRAs, Annuities, Compensation Plans, and Qualified Settlement Funds

- **Required fields are in bold.**
- We can't issue a business identification number (BIN) if your registration is incomplete.
- You must fill in the date of first disbursement.
- Please type or print.
- **Note: Use the *Combined Employers Registration* form if you need to establish a payroll account.**

<b>Business name</b>		<b>Type of ownership</b> (select one) <input type="checkbox"/> Pension and Annuity <input type="checkbox"/> Qualified Settlement Fund	
		<b>Withholding Tax</b>	<b>Date of disbursement</b> (this box must be completed) Month _____ Day _____ Year _____
<b>Federal identification number</b> (FEIN)	Business phone Ext.		<b>One-time distribution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Person at business authorized to discuss your account with us		Phone Ext.	Email
<b>Business mailing address</b>		FAX	
<b>City</b>		<b>State</b>	<b>ZIP code</b>
Offsite payroll service, accountant, or bookkeeper			
Contact person at the offsite payroll service, accountant, or bookkeeper		Phone Ext.	Email
Mailing address for offsite payroll service (send: <input type="checkbox"/> forms <input type="checkbox"/> billings to this address?) C/O			
<b>City</b>		<b>State</b>	<b>ZIP code</b>
Bank reference / branch address			

**Identification of owners, partners, corporate officers, etc.** (list additional owners on a separate sheet and attach to this form)

<b>Social Security number*</b>	<b>Phone</b>	<b>Social Security number*</b>	<b>Phone</b>
<b>Name</b>	<b>Name</b>		
<b>Home address</b>	<b>Home address</b>		
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>City</b>
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>City</b>
<b>Responsible for:</b> <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Determining which creditors to pay first	<b>Responsible for:</b> <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Determining which creditors to pay first		

**Authorization**

I certify the above statements to be true and correct. I authorize the Department of Revenue to verify any of the above information with regard to this business. I will notify the Department of Revenue if there is a change or cancellation of the above authorized representative.

<b>Signature</b> <b>X</b>	<b>Date</b>	<b>Signature</b> <b>X</b>	<b>Date</b>
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**Who must register:**

Payors of any IRAs, annuities, compensation plan distributions, or a qualified settlement to an individual.

**Need more information?** Call 503-945-8100.

**Forms to be filed:**

**Form OQ**—Oregon Quarterly Combined Tax Report (fill out column B only on the OQ)

**Form OR-WR**—Oregon Annual Reconciliation Report

\*As required by OAR 150-305-0010.

Fax to: **503-947-1528** or Mail to: **Oregon Employment Department**  
**875 Union St NE Room 107**  
**Salem, OR 97311**