Oregon Schedule B Amended

State Withholding Tax

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

6528010123

Business name

Date received

A. **Daily Oregon withholding tax — First month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

A. Total tax liability for the first month of the quarter ..... A.

B. **Daily Oregon withholding tax — Second month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

B. Total tax liability for the second month of the quarter ..... B.

C. **Daily Oregon withholding tax — Third month of Quarter**

1.		8.		15.		22.		29.	
2.		9.		16.		23.		30.	
3.		10.		17.		24.		31.	
4.		11.		18.		25.			
5.		12.		19.		26.			
6.		13.		20.		27.			
7.		14.		21.		28.			

C. Total tax liability for the third month of the quarter ..... C.

D. **Total for the quarter (Add boxes A, B, and C). Enter this amount in box 2A on Form OQ** ..... D.