Clear form

# Oregon Schedule B

## State Withholding Tax

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

6527010123

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.