

Form OR-CER



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(Rev. 11-29-23, ver. 01)

Oregon Combined Employer's Registration

Submit original form—do not submit photocopy

You can also register online through Revenue Online (ROL) revenueonline.dor.oregon.gov. See publication 150-211-055-1 for instructions.

Part A—Organization information

Legal business name as registered with IRS and Oregon Secretary of State (SOS)	Federal employer identification number (FEIN)	Phone
Doing business as (DBA)	Email	

Type of ownership (check only one)

Corporation Sub-chapter S Corporation Sole proprietorship (individual) LLP (Limited liability partnership)

Partnership-general Partnership-limited Non-profit 501(c)(3) (attach federal exemption) Other nonprofit

LLC-Corporation LLC-S Corporation LLC-Partnership LLC-Disregarded entity

Recognized Indian Tribe Other tax entity: _____

Business mailing address	City	State	ZIP code
Business physical address	City	State	ZIP code

Check box if physical address is an employee home address North American Industry Classification System (NAICS) code

Part B—Owner, officer, partner information

List all owners, officers, partners, or parent company. Use additional sheets if necessary. *Must be filled in as required by OAR 150-305.100.

1. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City State ZIP code

Responsible for:

Filing tax returns Paying taxes Hiring/firing Determining which creditors to pay first

2. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City State ZIP code

Responsible for:

Filing tax returns Paying taxes Hiring/firing Determining which creditors to pay first

Part C—Payroll information

Withholding/statewide transit tax

Check if any employees are:

Courtesy withholding Agricultural Working on fishing vessel Domestic (in-home worker)

Does any domestic worker request withholding? Yes No

List approximate number of:	Date employees were/will first be paid (MM/DD/YYYY)
LLC members _____ Owners/officers _____ Employees _____	<input type="text"/>

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Part C—Payroll information (continued)

Transit Payroll Tax

Complete for employees working in these areas:

<input type="checkbox"/> TriMet Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>	<input type="checkbox"/> Lane Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>
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Unemployment tax

Enter date first Oregon employee was/will be hired (MM/DD/YYYY)	<input type="text"/>	In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor?	Quarter <input type="text"/>	Year (YYYY)	<input type="text"/>
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Workers' Benefit Fund

Do employees need to be covered by a workers' compensation (WC) policy? Yes No, but I choose to have coverage

Check the reason you do not need a WC policy:

No, employees are covered by federal WC No, only owners/corporate officers

No, other (explain) _____

Part D—Business acquisition (Complete only if this business acquired another business or altered its tax structure)

Check the box that best describes acquisition:

ALL of the Oregon business operations of this ongoing business was acquired/transferred. **OR** PART of the Oregon business operations of this ongoing business was acquired/transferred.

Date of acquisition (MM/DD/YYYY): <input type="text"/>	Percentage of business acquired: <input type="text"/> %
Business ID number (BIN) OR Federal employer identification number (FEIN) of acquired business: <input type="text"/>	Previous owner contact phone: <input type="text"/>
Acquired business name: <input type="text"/>	Previous owner name: <input type="text"/>

Part E—Off-site/third party payroll contact

Attach tax information authorization or power of attorney form for us to exchange information with listed contact.

Off-site payroll service, accountant, bookkeeper name: <input type="text"/>	Individual contact name: <input type="text"/>		
Off-site payroll service mailing address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	ZIP code: <input type="text"/>
Send forms to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send billings to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part F—Registration contact person

Primary business contact name: <input type="text"/>	Title: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>

Part G—Authorization/submitted by

I certify under the penalties for false swearing [ORS 305.990(4)], the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Authorized signature: <input checked="" type="checkbox"/>	Phone: <input type="text"/>	Date: <input type="text"/>
Name (print or type): <input type="text"/>	Title: <input type="text"/>	

Mail your completed form to: **Oregon Employment Department**
875 Union Street NE - Room 107 **OR** **Fax to: 503-947-1528**
Salem OR 97311-0030

Retain a copy for your records