

Employer Payment Plan Request

Please complete this form to request a payment plan agreement with the Employment Department for employer relief assistance due to the COVID – 19 pandemic.

A. EMPLOYER INFORMATION

Company name:	
Business Identification Number (BIN):	
Briefly describe the reason for the request:	

B. INDIVIDUAL REQUESTING THE PAYMENT PLAN:

Name:		Contact Phone:	
Working Title:			
E-mail Address:			
Address:			
City:		State:	
		ZIP:	

C. PAYMENT OPTION:

- A. I/We understand interest will continue accruing on the Tax balance at the rate of one and one-half (1.5) percent per month and **will be abated along with penalties upon completion of the payment plan.**
- B. I/We also promise, and agree that all future reports and payments due the Employment Department will be filed and paid on or before the due date as provided by law.
- C. I/We will pay my tax liability in a payment plan with the following terms:

Tax Amount Due:	
Starting date:	
Payment Amount: <i>Minimum monthly payment is \$100. Final payment must be made no later than June 30, 2022</i>	
Frequency: <i>Not less than monthly</i>	
Payment Method:	Select One:
A. Reoccurring automatic payment plan with OED	<input type="checkbox"/> A.
B. Online through DOR	<input type="checkbox"/> B. At https://revenueonline.dor.oregon.gov
C. Mailing in a check to OED (business must include BIN on all mailed payments):	<input type="checkbox"/> C. Mailing address: Employment Tax Unit 02 PO Box 4395 Portland OR 97208-4395

I/We understand this agreement only includes amounts owed for Oregon Unemployment Insurance Tax. It does not include any amounts owed to the Oregon Department of Revenue or Oregon Department of Consumer and Business Services.

I/We certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to request abatement of interest and penalties due to the COVID-19 pandemic.

The Oregon Employment Department is unable to reestablish failed payment plans. Collection efforts will commence on defaulted payment agreements.

Date:	Date:
By:	By:
Title:	Title:
Signature:	Signature:

To submit this form, please complete the above information and email a copy to:

oad_covid19_abatementrelief@oregon.gov