

Form OQ/OA Amended

Oregon Amended Payroll Tax Report



6522010123

Fax to: 503-947-1700 Mail to: Oregon Department of Revenue, PO Box 14800, Salem OR 97309-0920 To pay: Complete Form OR-OTC-V and mail with your check, payable to Oregon Department of Revenue Do not submit photocopies.	Date received
Business name	

Federal employer identification number (FEIN)	Business identification number (BIN)	Quarter/Year (Q/YY) changed
-	-	/

Reason for amending

	Corrected Amount	Original Reported Amount	Net Change
State Withholding			
1. Subject wages.....			
2. Total tax amount.....			
3. Tax pre-paid this quarter ...			
4. Total due.....			
Statewide Transit			
5. Subject wages.....			
6. Total tax amount.....			
7. Tax pre-paid this quarter ...			
8. Total due.....			
TriMet			
9. Subject wages.....			
10. Total tax amount.....			
11. Tax pre-paid this quarter ...			
12. Total due.....			
Lane Transit District (LTD)			
13. Subject wages.....			
14. Total tax amount.....			
15. Tax pre-paid this quarter ...			
16. Total due.....			

Monthly Summary of State Withholding Tax Liability	17a. Corrected First Month	17b. Corrected Second Month	17c. Corrected Third Month

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

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6522020123

	Corrected Amount	Original Reported Amount	Net Change
Unemployment Insurance (UI)			
18. Subject wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Excess wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Taxable wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. UI tax rate.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Total due.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid Leave			
23. Subject wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Excess wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Taxable wages.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. Paid Leave rate.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Employer contributions.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
28. Employee contributions.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
29. Total due.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workers' Benefit Fund (WBF) Assessment			
30. Hours worked.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
31. WBF assessment rate.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
32. Total assessment due.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of UI workers			
33. First month.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. Second month.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
35. Third month.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Paid Leave employees			
36. Out-of-state employees.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
37. Replacement workers.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under penalty of false swearing, I declare that the information in this report and any enclosures are true, correct, and complete.

Signature Date (MM/DD/YY)

X Preparer name Preparer phone Preparer license number