

FORM 132 Domestic



EMPLOYER NAME:

EMPLOYEE DETAIL REPORT
ENCLOSE WITH FORM OA

F132D0121

Business Identification Number Qtr/Yr

1. TOTAL UI SUBJECT WAGES

Date Received

	2. Social Security Number	First Initial	3. Employee Last Name	4. Whole Hours Worked	5. Total UI Subject Wages	6. State Withholding Taxes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

7. Column Totals

NOTE: All employers who pay Unemployment Insurance tax or reimburse the Employment Department for unemployment benefits paid and/or withhold State taxes must complete this form. Pursuant to ORS 657.571, failure to report all employees **with correct Social Security numbers**, failure to accurately report whole hours worked (no fractions or decimals), failure to report UI subject wages, and/or State Withholding taxes may result in penalties.

DO NOT SUBMIT PHOTOCOPIED FORMS

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