

FORM 132



BUSINESS NAME:

EMPLOYEE DETAIL REPORT
ENCLOSE WITH FORM OQ

F1320121

Business Identification Number

Qtr/Yr

1. TOTAL UI SUBJECT WAGES

Must equal total in box 1A of Form OQ

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