

FORM OA DOMESTIC



OA0121

EMPLOYER NAME:

OREGON ANNUAL REPORT

Business Identification Number

Qtr./Yr.

Date Received

Federal EIN

If mailing address, name, or federal EIN is wrong, complete "Change in Status Report" found in the Oregon Combined Payroll Tax Booklet.

Using 4th quarter totals, report the number of workers covered for Unemployment Insurance who worked during or received pay for the period which includes the 12th of the month. (See instruction booklet.)

OCTOBER

NOVEMBER

DECEMBER

TOTAL

Place a -0- in the "subject wages" box for any program the employer is subject to but for which there was no payroll this year.

Unemployment Insurance
Column A

State Withholding
Column B

Column Left Blank
Column C

Column Left Blank
Column D

- 1. Subject wages
- 2. Excess wages
see instructions
- 3. Taxable wages
- (Box 1A minus Box 2A)
- 4. Tax rate
- 5. Tax
- 6. **Less:** Oregon tax pre-paid this
year
- 7. **Plus:** UI penalty and interest
owed
- 8. Total tax due.....
- (Box 5 less Box 6, plus Box 7)

Box 3A times box 4A

Must enter tax for year

WORKERS' BENEFIT FUND (WBF) ASSESSMENT

Put -0- in Boxes 9 and 11 if there were no subject hours worked in the year.

- 9. Number of hours worked
- (whole hours only)*
- 10. WBF assessment rate
- 11. Total assessment
- (Box 9 times Box 10)
- 12. **Less:** Assessment prepaid this
year
- 13. Total assessment due

* Report only hours subject to WBF assessment. Hours donot need to equal hours reported on Form 132.

14. TOTAL PAYMENT DUE

- Add boxes 8A, 8B, and 13.
- Make payments to the Department of Revenue using electronic funds transfer (EFT), or
- Make checks payable to "Oregon Department of Revenue." Mail your checks, including a payment coupon (Form OTC).

(Only add amounts due. DO NOT add credits in one program to offset taxes owed in another program.)

SPECIAL PAYROLL TAX OFFSET (See instructions for additional information)

16. Special Payroll Tax offset (see instructions)

17. Amount Applied to UI Trust Fund
(Box 5A minus line 16)

Use line 16 to calculate the amount of "contributions paid to the state" on Federal Form 940. "Work-sheet - Line 10". Do not add or subtract this amount from the total in Box 14.

I certify this report is true and correct and is filed under penalty of false swearing.

Prepared by:

Date

Phone

Signature
Required X

MAIL TO: OREGON DEPARTMENT OF REVENUE, PO BOX 14800, SALEM OR 97309-0920