

# Form OR-BCC



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(Rev. 11-30-23, ver. 01)

Office use only

## Combined Payroll Tax Business Contact Change

*Submit original form—do not submit photocopy*

Updating contact and address information ensures you'll receive tax forms and other important documents. Updates to contacts and address can also be submitted through your Revenue Online account at [revenueonline.dor.oregon.gov](http://revenueonline.dor.oregon.gov).

### Part A—Business information

Business name	Federal employer identification number (FEIN)
Other names (ABN/DBA)	Business ID number (BIN)

### Part B—Update mailing address

Business mailing address	City	State	ZIP code
Phone	Email		

Check here to authorize us to initiate email exchange of tax information       Check here to revoke all prior email addresses

### Part C—Update physical locations

List all physical locations and attach additional sheet if necessary.

1.

Add location       Delete location       Check box if this is an employee home address

Reason for location change

Street address	City	State	ZIP code
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2.

Add location       Delete location       Check box if this is an employee home address

Reason for location change

Street address	City	State	ZIP code
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### Part D—Update business contact person

**Attach power of attorney form for authorized representative.** To add or remove additional business contacts, please attach an additional sheet and clearly state contact is being added or removed.

Business contact name	Title
Phone	Email

### Part E—Authorization/submitted by

I certify under the penalties for false swearing [ORS 305.990(4)], the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Name (print or type)	Title
Phone	Email
Authorized signature	Date

X

Mail your completed form to: **Oregon Employment Department**  
**875 Union Street NE - Room 107**  
**Salem OR 97311-0030**

Fax to: **503-947-1700**  
Email to: **oed\_tax\_supportservices\_reque@employ.oregon.gov**

Retain a copy for your records