

2021 Form OR-W-4

Page 1 of 1, 150-101-402 (Rev. 08-14-20, ver. 01)

Oregon Department of Revenue



Office use only

Oregon Employee's Withholding Statement and Exemption Certificate

Form fields for employee information: First name, Initial, Last name, Social Security number (SSN), Redetermination, Address, City, State, ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. Select one: [ ] Single [ ] Married [ ] Married, but withholding at the higher single rate.

Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.

2. Allowances. Total number of allowances you're claiming on line A4, B15, or C5. If you meet a qualification to skip the worksheets and you aren't exempt, enter 0 .....2. [ ]

3. Additional amount, if any, you want withheld from each paycheck..... 3. [ ] .00

4. Exemption from withholding. I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete both lines below:
• Enter the corresponding exemption code. (See instructions)..... 4a. [ ]
• Write "Exempt"..... 4b. [ ]

Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.) and Date fields

Employer use only.

Employer information fields: Employer's name, Federal employer identification number (FEIN), Employer's address, City, State, ZIP code

- Provide this form to your employer -