2019 Form OR-W-4

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Oregon Department of Revenue

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Office use only

Oregon Withholding

Important information

Complete Form OR-W-4 if:

- You're a new employee.
- You filed a 2018 or 2019 federal Form W-4 with your employer and didn't file a separate Oregon form specifying a different number of allowances for Oregon.
- You weren't satisfied with your prior year Oregon tax-topay or refund amount.
- You've had a recent personal or financial change that may affect your tax situation, such as a change in your income, filing status, or number of dependents.

Specific information to consider:

- Do you (including your spouse) have another job?
- Do you expect your wages or adjusted gross income (AGI) on your 2019 return to be more than \$100,000 (or

\$200,000 if filing using the married filing jointly or qualified widow(er) filing status)?

- Are you making mid-year changes to your withholding?
- Do you receive pension or annuity payments?
- Are you a part-year resident, nonresident, or nonresident alien?

If you answered yes to any of these questions, read the "Specific information" section in the instructions before filling out the corresponding worksheets or Form OR-W-4. The online Oregon Withholding Calculator at www.oregon.gov/dor may provide more accurate results. If you use the online calculator, you don't need to complete any of the corresponding worksheets.

Otherwise, read the instructions and complete all applicable worksheets **before** filling out the Form OR-W-4 and giving it to your employer.

	s	eparate here and give Form (OR-W-4 to you	ur employer. Keep the wo	orksheets for your rec	ords.		
Fo	rm OR-W-4	Oregon Emplo	yee's With	holding Allowance	Certificate		2019	}
First name and initial Last name			Social Security number (SSN)					
Add	ress			City		State	ZIP code	
	Select one: Si	aim a certain number of all Your employer may be requingle Married Elegally separated, or if you	uired to send Married,	a copy of this form to but withholding at the	the department for higher single rate.	review.	by the Oregon	
2.		umber of allowances you'r the worksheets and you ar			The state of the s	.2.		
3.	Additional amount,	if any, you want withheld t	from each pa	ycheck		3.		
4.	the conditions for exe • Enter the correspo	thholding. I certify that my emption as stated on page 2 anding exemption code. (Se	2 of the instruction	ctions. Complete both I	ines below:			
Sig	Service Control Contro	of false swearing, I declar						
	oloyee's signature (This form				Date			
Emp	oloyer. Complete the following	ng:						
Emp	oloyer's name			Federal employer identificati	on number (FEIN)			
Emp	oloyer's address			City		State	ZIP code	