2022 Form OR-W-4

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Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

First	name	Initial	Last name	Social Security number (SSN)	Red	eterminati	on
Address				City		State	ZIP code
	gon Department of Select one:	Reve Singl		to send a copy of this form but withholding at the higher	to the depart	ment for	r review.
2.	Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien. 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						
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)						
		-	false swearing, I declare that the info	ormation provided is true, c	orrect, and co	mplete.	
Employee's signature (This form isn't valid unless signed.)					Date		
	loyer use only.			Federal employer identification nu	mbor (EEINI)		
LΠΡ	loyer a Harrie			n ederar employer identification flui	IIDEI (FEIIV)		
Employer's address				City		State	ZIP code

-Submit this form to your employer-