

2021 Form OR-W-4

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(Rev. 08-14-20, ver. 01)

Oregon Department of Revenue



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Office use only

Oregon Employee's Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> 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.

- 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.
- 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 02.
- Additional amount, if any, you want withheld from each paycheck..... 3.
- 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.)	Date
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Employer use only.			
Employer's name		Federal employer identification number (FEIN)	
Employer's address	City	State	ZIP code

—Provide this form to your employer—