

2021 Form OR-W-4

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

Oregon Department of Revenue



Office use only

Oregon Employee's Withholding Statement and Exemption Certificate

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.)	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—