

This return is due by:

Date Received

North American Industry Classification System

Federal EIN _____

If mailing address, name, or Federal EIN is wrong, complete "Change in Status Report" found in the Oregon Combined Payroll Tax Booklet.

For each month, report the number of workers covered for Unemployment Insurance who worked during or received pay for the period which includes the 12th of the month. (See Instruction booklet.)

FIRST MONTH (M1)	SECOND MONTH (M2)	THIRD MONTH (M3)	TOTAL (M1+M2+M3)

Place a -0- in the "subject wages" box for any program the employer is subject to but for which there was no payroll this quarter.

	Unemployment Insurance Column A	State Withholding Column B	TriMet Transit District Column C	Lane Transit District Column D
1. Subject wages				
2. Excess wages, see instructions				
3. Taxable wages				
(Box 1A minus Box 2A)				
4. Tax rate				
5. Tax	Box 3A times Box 4A	Must enter tax for quarter	Box 1C times Box 4C	Box 1D times Box 4D
6. Less: Oregon tax pre-paid this quarter				
7. Plus: UI penalty and interest owed				
8. Total tax due				
(Box 5 less Box 6, plus Box 7)				

WORKERS' BENEFIT FUND (WBF) ASSESSMENT

Put -0- in Boxes 9 and 11 if there were no subject hours worked in the quarter.

9. Number of hours worked	
(whole hours only)*	
10. WBF assessment rate	
11. Total assessment	
(Box 9 times Box 10)	
12. Less: Assessment prepaid this quarter	
13. Total assessment due	

* Report only hours subject to WBF assessment. Hours do not need to equal hours reported on Form 132.

14. TOTAL PAYMENT DUE

- Add boxes 8A, 8B, 8C, 8D, and 13.
- Make payments to the Department of Revenue using electronic funds transfer (EFT), or
- Make checks payable to "Oregon Department of Revenue." Mail your checks, **including a payment coupon (Form OTC).**

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(Only add amounts due. DO NOT add credits in one program to offset taxes owed in another program.)

SPECIAL PAYROLL TAX OFFSET

(To be calculated every quarter)

16. Special Payroll Tax offset (see instructions) _____
17. Amount Applied to UI Trust Fund _____
(Box 5A minus line 16)

Use line 16 to calculate the amount of "contributions paid to the state" on Federal Form 940, "Worksheet - Line 10". Do not add or subtract this amount from the total in Box 14.

15. MONTHLY SUMMARY OF STATE WITHHOLDING TAX LIABILITY. Enter amount of state withholding tax withheld by month. Do not complete if you are a quarterly, semi-weekly, or one-banking day depositor.

FIRST MONTH (M1)	SECOND MONTH (M2)	THIRD MONTH (M3)	Total (M1 + M2 + M3) Must equal item 5B

I certify this report is true and correct and is filed under penalty of false swearing.

Prepared by:

Date

Preparer Telephone Number

Signature Required X