

2021 Form OR-W-4

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Oregon Department of Revenue



Office use only

Oregon Employee's Withholding Statement and Exemption Certificate

Form fields: First name, Initial, Last name, Social Security number (SSN), Address, City, State, ZIP code, Redetermination checkbox.

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.

- 1. Select one: Single, Married, Married, but withholding at the higher single rate.
2. Allowances. Total number of allowances you're claiming on line A4, B15, or C5.
3. Additional amount, if any, you want withheld from each paycheck.
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.

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.) and Date fields.

Employer use only. Fields for Employer's name, Federal employer identification number (FEIN), Employer's address, City, State, ZIP code.

- Provide this form to your employer -