2023 Form OR-W-4



2023 Form OR-W-4			Office use only		
Page 1 of 1, 150-101-402 (Rev. 09-15-22, ver. 01)	Oregon Department of Revenue	19612301010000			
Oregon Withholding Statem					

First	name	Initial	Last name	Social Security number (SSN) Redetermination					
Addı	ress			City		State	ZIP code		
	sgon Department of Select one: Note: Check the Allowances. Total	Rever Single Single	a certain number of allowances or nue. Your employer may be required Married, e" box if you're married and you're loer of allowances you're claiming o worksheets and you aren't exempt.	I to send a copy of this form to but withholding at the higher legally separated or if your sp on line A4, B15, or C5. If your	to the departers single rate. House is a normeet a	ment for	review.		
3.	Additional amou	nt, if a	ny, you want withheld from each pa	aycheck				.00	
4.	the conditions for • Enter the corres	exemp pondi	olding. I certify my wages are exemition as stated on page 2 of the instrung exemption code. (See instruction	ictions. Complete both lines bens)	elow: 4				
	n here. Under pena loyee signature (This form		false swearing, I declare the information alid unless signed.)	ation provided is true, correct	, and comple	ete.			
	oloyer use only.			Federal employer identification num	ber (FEIN)				
Emp	loyer address			City		State	ZIP code		

-Submit this form to your employer-