## 2022 Form OR-W-4

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Oregon Department of Revenue



Office use only

## **Oregon Withholding Statement and Exemption Certificate**

First name Initial Last name Social Security number (SSN) Redeter						eterminatio	on	
Addr	ress	1		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							
3.	Additional amount, if any, you want withheld from each paycheck						.00	
<ul> <li>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:</li> <li>Enter the corresponding exemption code. (See instructions)</li></ul>								
	Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.  Imployee's signature (This form isn't valid unless signed.)							
Employer use only.								
Employer's name				Federal employer identification number (FEIN)				
Employer's address				City		State	ZIP code	

-Submit this form to your employer-