Tigard-Tualatin School District 23J – Human Resources Department

Personal Data Form

Today's Date: _____

Social Security #: _____ Birth Date: _____

First Name: _____ MI: _____ Last: _____

Home/Cell Phone Number: _____ Email _____

Address: _____

City: _____ State: _____ Zip: _____

Please initial each of the following after careful reading of the related documents:

_____**Internet Acceptable Use.** I have read and agree to follow the rules contained in the Internet Acceptable Use Policy. I understand that if I violate the rules, my computer account can be terminated, and I may face other disciplinary measures. I release the District, its personnel, and any institution with which it is affiliated from any and all claims and damages of any nature arising from use of, or inability to use, the District system, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services.

_____ **Notification of Term Recess.** I have read and understand the information contained in the Notification of Term Recess. I understand I am expected to continue to perform services as I did prior to a recess in the same or similar capacity.

_____ **Drug-Free Workplace Policy and Medical Examination Policy.** I have read and understand the information provided about the Drug-Free Workplace Policy and Medical Examination.

_____ **Hazing/Harassment Policy.** I have read and understand the Tigard-Tualatin School District Hazing/Harassment Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Nondiscrimination Policy.** I have read and understand the Tigard-Tualatin School District Nondiscrimination Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Reporting Requirements for Suspected Sexual Conduct with Students Policy.** I have read and understand the Tigard-Tualatin School District Reporting Requirements for Suspected Sexual conduct with Students Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Mother Friendly Workplace Policy.** I have read and understand the Tigard-Tualatin School District Mother Friendly Workplace Policy.

_____ **Sexual Harassment Policy.** I have read and understand the Tigard-Tualatin School District Sexual Harassment Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Whistleblower Policy.** I have read and understand the Tigard-Tualatin School District Whistleblower Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Workplace Harassment Policy.** I have read and understand the Tigard-Tualatin School District Workplace Harassment Policy. I understand that if I violate this policy, I may be subject to disciplinary action, up to and including termination of employment.

_____ **Criminal History Records Check and Fingerprinting Policy.** I have read and understand the information contained in the Criminal History Records Check and Fingerprinting policy.

_____ I have read and understand the **Child Abuse Reporting** brochure. I also understand that additional training is available if further information is needed.

_____ I have read and understand the **Bloodborne Pathogens** brochure. I also understand that additional training is available if further information is needed.

_____ I have read and understand the **Workplace Accommodations Notice**. I also understand that I can get additional information by contacting my supervisor or Human Resources.

_____ I authorize my former employer(s) to disclose to the Tigard-Tualatin School District any employment documents or employment information that may be requested, including full and complete references as to my skills, abilities and performance.

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I hereby grant to the District or its legal agent permission to check civil or criminal records and to verify any statements made on this application or the completeness and accuracy thereof. I understand that my employment is not finalized until the Board of Directors approves my hire and that prior to that time, this offer of employment may be rescinded for any reason.

_____ _____

Signature Date

Tigard-Tualatin School
6960 SW Sandburg Street
Tigard, OR 97223
503-431-4000
Fax 503-431-4047

Data Confidentiality Agreement

Access to the TTSD Data Systems will be granted to those individuals who have been determined to have a legitimate educational interest in the data. Individuals who have been granted access to these systems must understand and accept the responsibility of working with confidential records. The records contained in the TTSD Data Systems may have multiple school, district, and data owners.

All users authorized to access the TTSD Data Systems are required to abide by the policies governing review and release of student education records. The Family Educational Rights and Privacy Act (FERPA) of 1974 mandates that information contained in a student's education record must be kept confidential and outlines the procedures for review, release and access of such information.

FURTHERMORE:

- **I will NOT share my user name and password with anyone** (substitutes, students, etc.)
- I will only view data for which my organization is responsible, under normal circumstances.
- I agree that I will be a responsible user of data; data I export will be stored securely, and I will destroy confidential data in an appropriate manner (such as shredding, remove all traces of data files from computer, etc.) when no longer needed.
- I will make every reasonable effort to maintain privacy of the data.
- Prior to sharing data with others, electronically or otherwise, I will ensure that the recipient is authorized and has a need to access the data and understands their responsibilities.
- I will signoff (or lock the screen) my session when not using it, and agree to report any unauthorized data access to a supervisor.
- I am responsible for protecting the security of the records and confidentiality of the information to which I have access. Specifically:
    - I will neither knowingly include nor cause to be included a false or misleading entry in any record.
    - I will not copy, reproduce, electronically print, or forward any record, except in the performance of my defined duties.
    - I will not divulge, in any way, knowledge of any confidential information that I have learned.

I have read and clearly understand my responsibility to respect and maintain the confidentiality of all records and information to which I have been given access. By signing this below I acknowledge the receipt of this *Data Confidentiality Agreement* and agree to abide by the terms and conditions of this agreement.

Employee's Name (Please Print)	Employee's Signature	Date

Tigard-Tualatin		
District	School(s)	Employee ID Number

Job Title	Email Address

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $

b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $

c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

a Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $

b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $

b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $

c **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . **8a** $

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

2026 Form OR-W-4

Page 1 of 1, 150-101-402
(Rev. 07-28-25, ver. 01)

Oregon Department of Revenue

19612601010000

Office use only

Oregon 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 withhold at the higher single rate.
   Note: Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.

2. **Allowances.** Enter the number from Worksheet A, line **A5,** Worksheet B, line **B9,** or Worksheet C, line **C6** (see instructions). Otherwise, if you aren't exempt, **enter 0** ..... 2.

3. **Additional amount** from Worksheet C, line **C10,** or other amount to withhold from each paycheck ... 3. .00

4. **Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated in Form OR-W-4 Instructions. Complete **both** lines:
   - Enter your exemption code from the Exemption chart in Form OR-W-4 Instructions ..... 4a.
   - Write "Exempt" ..... 4b.

Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.)	Date

Employer use only.

Employer name	Federal employer identification number (FEIN)		

Employer address	City	State	ZIP code

—Submit your completed form to your employer—

OREGON DEPARTMENT OF REVENUE

Form OR-W-4 Instructions
Oregon Withholding Statement and Exemption Certificate

2024

Purpose of this form

Use Form OR-W-4 to tell your employer or other payer how much Oregon income tax to withhold from your wages or other periodic income.

Instructions for employer or other payer. Enter the business name, federal employer identification number (FEIN), and address in the "Employer use only" section of Form OR-W-4. Keep the completed form with your records. For more information and additional instructions, see Publication 150-211-602, *W-4 Information for Employers,* and the additional resources listed on page 4.

Complete Form OR-W-4 if:

- You're starting a new job with an employer who must withhold Oregon tax from your pay.
- You're receiving a pension or annuity and the payer must withhold Oregon tax from each payment.
- You've had a recent personal or financial change that affects your taxes, such as a change in your income, filing status, or number of dependents.
- You weren't satisfied with the amount of Oregon tax you owed or had refunded to you when you filed a recent return.
- You filed a federal Form W-4 with your employer after 2017 that didn't specify withholding allowances for Oregon.

The worksheets in these instructions are designed to help you estimate the amount of Oregon tax your employer should withhold from your pay. For a more **accurate** estimate, use the **Oregon Withholding Calculator** at www.oregon.gov/dor before you complete Form OR-W-4.

Pension and annuity withholding. Use Form OR-W-4 to designate the Oregon withholding from your pension, annuity, or other periodic payments.

Questions to consider:

- Do you (including your spouse) **have more than one job?**
- Do you expect your wages or your total income for 2024 to be **more than $100,000** (or **$200,000** if you're married and will file a joint return with your spouse, or you're a recent widow(er)?
- Are you making **mid-year changes** to your withholding?
- Do you receive **pension or annuity payments?**
- Do you live outside Oregon, or did you move to Oregon this year?
- Are you a **non-U.S. citizen without permanent resident status?**



If you answered **yes** to **any** of these questions, read the "Specific information" section in these instructions before completing the worksheets or Form OR-W-4. Consider using the online **Oregon Withholding Calculator** at www.oregon.gov/dor instead of the worksheets for more accurate results.

General information

What is Oregon income tax withholding?

Oregon income tax must be paid during the year as you earn or receive your income. Employers and certain other payers are required by law to set aside (withhold) part of your paycheck or other payment for taxes that they send to the Department of Revenue on your behalf every time they pay you. "Withholding" refers to the portion of income that your employer or other payer holds back from each paycheck or other payment.

How is the amount of Oregon income tax withholding determined?

The amount that the employer or other payer must withhold depends on several things, such as:

- Your income.
- Your marital status.
- The number of children or other dependents you have.

Allowances. Depending on your situation, some of your income might not be subject to withholding. Each allowance reduces the amount of income that is withheld from each payment. The worksheets in these instructions will help you determine how many allowances you may claim.

Additional withholding. You may want to have more money withheld from each payment. If you have other income that isn't subject to withholding, requesting additional withholding on Form OR-W-4 may help you avoid owing tax on that other income when you file your tax return.

You report your marital status, allowances, and any additional amount you want withheld by completing Form OR-W-4 and submitting it to your employer or other payer. They will use this information, along with Publication 150-206-436, *Oregon Withholding Tax Formulas,* to withhold a specific amount each pay period.

What if too much or not enough is withheld?

If you have too much tax withheld, you may have a refund when you file your tax return. This is money that you couldn't use during the year when you might have needed it.

If you have too little tax withheld, you may owe tax when you file your tax return, plus penalty and interest. This is money that you might have used during the year but will need to pay when you file your return after the year ends. See Publication OR-17 for penalty and interest information.

Why can't the federal form be used for all withholding?

Oregon employees used to be able to use federal Form W-4 for both their federal and Oregon withholding. In 2020, the Internal Revenue Service made some major changes to the

way that federal withholding is done. They changed Form W-4 in such a way that it can no longer be used for Oregon withholding purposes. Similar changes were made to Form W-4P, for withholding from pensions and annuities, starting in 2022. You must use Oregon's Form OR-W-4 instead.

How often does Form OR-W-4 have to be submitted?

Complete and submit a new Form OR-W-4 when you start a new job and whenever your tax situation changes. This includes changes in your income, marital status, and number of dependents.

Note: If you are claiming an exemption from Oregon withholding, you must submit a new Form OR-W-4 by February 15 every year if you continue to qualify for exemption. See the instructions for line 4.

What will happen if no Form OR-W-4 is submitted?

Your employer or other payer will refer to your most recent withholding form to determine your withholding. If no Form OR-W-4 has been submitted, they will withhold for Oregon based upon the following order:

- An Oregon-only version of the federal Form W-4 for a year prior to 2020, or federal Form W-4P for a year prior to 2022.
- Federal Form W-4 for a year prior to 2020, or Form W-4P for a year prior to 2022.
- Eight percent of your wages or other income subject to withholding.

What will happen if the information on the form is false?

You may be assessed a penalty of $500 if there is no reasonable basis for the instructions you're giving your employer or other payer using Form OR-W-4.

Specific information

Two earners or multiple jobs. See the instructions for **Worksheet C** or use the online withholding calculator if you have more than one job at a time or will file a joint return with a working spouse.

Wages or adjusted gross income (AGI)* that exceed the threshold. Your income level affects your withholding. Do you expect to have wages or AGI on your 2024 return that are **more than $100,000** (or **$200,000** if using the married filing jointly or the qualifying surviving spouse filing status)? If so, you may want to request additional withholding. Consider using the online calculator to determine the correct amount to put on your Form OR-W-4.

***Helpful tip: AGI.** Your AGI is your total income minus federal adjustments to income. This amount on your 2023 federal Form 1040 may help you estimate your 2024 AGI.

Mid-year changes. If you claimed too many allowances for the first part of the year, your withholding may not cover all of your tax when you file your return. Use the online calculator to determine the additional amount you need withheld to make up for the shortage. If you don't change your withholding, you may owe tax, penalties, and interest when you file your return. See Publication OR-17 for penalty and interest information.

Pension or annuity payments. If you've opted out of federal withholding from a pension, annuity, or other periodic payment, you're automatically opted out of Oregon withholding also. If you're not having tax withheld from this income, you may be required to make estimated tax payments. See Publication OR-ESTIMATE to determine the amount of estimated tax payments you need to make.

If you elect to have Oregon tax withheld from your pension or annuity payment, where the tax must be withheld at a certain percentage, you can't claim allowances on Form OR-W-4, but you may request additional withholding.

Exemption from withholding. You may be in a situation where none of your income is subject to Oregon tax. In that case, your income may be exempt from withholding. The exemption period depends on the type of income you have. **For wages, the exemption ends on February 15th of the following year.** For commercial annuities, employer deferred compensation plans, and individual retirement plans where an election to have no withholding may be made, the exemption ends when you notify the payer in writing that you revoke the election. See the instructions for line 4.

Part-year and nonresidents. Have you recently moved to Oregon, or do you live outside the state? If so, you'll report your Oregon income and deductions in the Oregon column of your part-year or nonresident tax return. Use only the amounts that will be in the Oregon column when you complete Worksheet B or C, or use the online withholding calculator for more accurate results.

Non-U.S. citizen without permanent resident status. If all or a portion of your wages are exempt from federal withholding, these wages are also completely or partially exempt from Oregon withholding. Submit federal exemption Form 8233 to your employer to exempt all or part of your wages from Oregon withholding.

If any portion of your wages is not exempt, submit Form OR-W-4 to your employer. You may not qualify to claim certain deductions from your Oregon income, so you will need to take extra steps to ensure that your withholding is adequate. Follow the instructions below when completing Form OR-W-4:

- **Line 1.** Check the "single" box regardless of your marital status.
- **Line 2.** Usually, you should claim -0- withholding allowances. However, if you complete the worksheets, follow the instructions below.
  - — Complete Worksheet B using amounts that will be included in the Oregon column of your return.
  - — Once you have completed all applicable worksheets, subtract 1 allowance from the number on line A4, B15, or C5.
- **Line 4.** Don't claim exempt due to "no tax liability" or for the portion of your wages exempted on federal Form 8233.

Form OR-W-4 line instructions

For the form and all worksheet instructions, terms such as "pay," "paycheck," and "wages" also refer to pensions, annuities, and other periodic payments, and the word "employer" also refers to other payers.

Type or clearly print your name, Social Security number (SSN), and mailing address.

Note. You must enter an SSN. You can't use an individual taxpayer identification number (ITIN).

Redetermination check box. If the department issued a determination letter to your employer specifying the amount your employer needs to withhold from your wages and you want to decrease your withholding, you must have a personal or financial change affecting your tax situation. If you do, mark the "Redetermination" check box. Provide a copy to your employer and send a copy with **all** of the applicable worksheets filled out to the department at:

ADP OR-W-4 Project
Oregon Department of Revenue
PO Box 14560
Salem, OR 97309

Line 1. If you anticipate using the single, married filing separately, or head of household filing status when you file your 2024 return, mark "Single."

If you anticipate using the married filing jointly or qualifying surviving spouse filing status when you file your 2024 return, mark "Married." If you meet the married filing jointly qualifications, but want tax withheld at the higher "single" rate, mark "Married, but withhold at the higher single rate."

For the qualifications of each filing status, see federal Publication 501, *Exemptions, Standard Deduction, and Filing Information.*

Line 2. Complete all applicable worksheets. Enter the allowances from **Worksheet A,** line A4, **Worksheet B,** line B15, or **Worksheet C,** line C5.

Line 3. If you choose to have an additional amount withheld from your pay, enter the amount that you want withheld from each paycheck. If you completed **Worksheet C,** line C8 may direct you to claim an additional amount per paycheck.

Line 4. If you're claiming **exemption from withholding,** you must meet one of these requirements:

- Your wages must be exempt from Oregon taxation, or
- You must meet the qualification for having no tax liability.

To claim exemption due to **no tax liability,** you must meet **both** of the following conditions:

- Last year you had the right to a refund of **all** Oregon tax withheld because you had **no** tax liability, **and**
- This year you expect a refund of **all** Oregon income tax withheld because you expect to have **no** tax liability.

To claim exempt, enter the corresponding code from the **Exemption chart** on line 4a. Enter only one exemption code, even if more than one applies. Write "Exempt" on line 4b.

Note: For wages, exemptions end February 15th of the following year. A new Form OR-W-4 must be completed and submitted to your employer each year.

Exemption chart

Exemption	Code
Air carrier employee	**A**
American Indian enrolled tribal member living and working in Indian country in Oregon.	**B**
Amtrak Act worker	**C**
Casual laborer	**D**
Domestic service worker	**E**
Hydroelectric dam worker at the Bonneville, John Day, McNary, or The Dalles dam.	**F**
Military pay for nonresidents stationed in Oregon and their spouses, residents stationed outside Oregon, and service members or spouses treated as nonresidents for tax purposes.	**G**
Minister who is duly ordained, commissioned, or licensed and performing duties in their ministry or a member of a religious order performing duties required by their order.	**H**
Real estate salesperson under a written contract not to be treated as an employee.	**J**
Waterway worker	**K**
No tax liability. See above for definition.	**L**
Nonresident who expects a refund of all Oregon income tax withheld because their wages won't be subject to Oregon tax.	**M**

Sign and date Form OR-W-4. Submit Form OR-W-4 to your employer. **Don't** complete the employer's information. Keep the worksheets with your tax records.

Worksheet instructions

Worksheet A—Personal allowances

Note: If your annual wages from this job are more than $100,000 and you're marking "Single" or "Married, but withhold at the higher single rate" ($200,000 if you're marking "Married"), skip Worksheet A and claim zero allowances on Form OR-W-4.

Line A3. Dependents. Enter the total number of all qualifying children and qualifying relatives you are able to claim as dependents on your Oregon return. See the "Exemption credit" section of Publication OR-17 for dependent qualifications.

Worksheet B—Deductions, adjustments, credits, and nonwage income

Line B1. If you have large amounts of **nonwage income,** such as interest, dividends, or self-employment income, consider making estimated tax payments. For required payments and other information, see Publication OR-ESTIMATE. You may also request additional withholding from each paycheck. Otherwise, you may owe additional tax when you file your return, together with interest on any underpayment of required estimated tax payments.

Line B2. Additions are generally items the federal government doesn't tax but Oregon does. See Publication OR-17 for a list of additions and instructions.

Line B4. Enter your anticipated 2024 Oregon **deductions.** If you don't know your anticipated 2024 deductions, enter the standard deduction for your anticipated filing status.

The 2024 **standard deduction** for each filing status is:

- $2,745 for single or married filing separately.
- $4,420 for head of household.
- $5,495 for married filing jointly or qualifying surviving spouse.

If you qualify for an **additional standard deduction amount** because you or your spouse are age 65 or older or blind, and you don't plan to itemize your deductions, add the additional amount to your anticipated deduction amount on line B4. If you're married (or a qualifying surviving spouse), the additional standard deduction is $1,000; for everyone else, the additional amount is $1,200.

Itemized deductions include items such as medical expenses that are more than 7 1/2 percent of your AGI, state and local taxes you paid (limited to $10,000, but don't include Oregon income taxes), qualifying home mortgage interest, charitable contributions, and certain miscellaneous deductions. If you plan to itemize your deductions, enter your estimated **Oregon itemized deductions.** See Schedule OR-A Instructions for more information.

Line B7. Adjustments to income reduce your gross income, resulting in AGI on your federal return. See the instructions for federal Form 1040 and the "Adjustments" section of Publication OR-17 for more information.

Subtractions are generally items the federal government taxes but Oregon doesn't. See Publication OR-17 for a list of subtractions and instructions. **Don't** include your federal tax subtraction.

Line B10. Divide line B9 by $3,200. Round to one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from line B9 into allowances.

Line B11. Credits reduce the amount of tax you must pay. Standard and carryfoward credits can reduce your tax to zero but can't be refunded to you. Refundable credits can reduce your tax to zero and also result in a refund of any remaining amount. See Publication OR-17 for a list of credits and instructions.

Enter an estimate of the credits you will claim on your 2024 Oregon return. **Don't** include your exemption credits.

Line B12. Divide line B11 by $249. Round using one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from B11 into allowances.

Line B13. Add lines B10 and B12. Round to the nearest whole number that is closer to zero by eliminating the decimal value. For example, round 4.3 or 4.8 to 4 and round -3.3 or -3.7 to -3.

Example 1. Roger entered -3.1 on line B10. He entered 2.4 on line B12. He will enter -0- on line B13 (-3.1 + 2.4 = -0.7, which is rounded to 0).

Line B15. If the result when you add lines B13 and B14 is less than zero, you may owe tax when you file your return. Request additional withholding or consider making estimated tax payments to avoid owing tax plus potential penalties and interest. See Publication OR-ESTIMATE for information about estimated payments.

Worksheet C—Two earners / multiple jobs

Use Worksheet C if you work more than one job at a time or you have a working spouse.

Line C5. For your highest paying job, enter the result of **Worksheet C,** line C5 on Form OR-W-4, line 2. For all of your lower paying jobs, claim zero allowances.

Line C8. For your highest paying job, enter the result of **Worksheet C,** line C8 on Form OR-W-4, line 3. Round to the nearest whole dollar. For all of your lower paying jobs, claim zero as the additional amount to be withheld.

Example 2. Todd is completing this form in January and has entered $824 on line C7. For his highest paying job, he is paid every two weeks and has 25 paychecks left for the year. Todd will enter $33 on line C8 and Form OR-W-4, line 3 ($824 ÷ 25 = $32.96, which is rounded up to the nearest whole dollar).

Additional resources

For additional information, refer to the following publications:

- Publication 150-206-436, *Oregon Withholding Tax Formulas.*
- Publication OR-17, *Oregon Individual Income Tax Guide.*
- Publication OR-ESTIMATE, *Instructions for Estimated Income Tax.*
- Publication 150-211-602, *W-4 Information for Employers.*
- Federal Pub. 501, *Exemptions, Standard Deduction, and Filing Information.*
- Federal Form 2833, *Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual.*
- Federal Form 1040 Instructions.

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov

Contact us for ADA accommodations or assistance in other languages.

Worksheet A—Personal allowances

Note: If you marked "Single" or "Married, but withhold at higher single rate" and your annual wages for this job will be more than $100,000 ($200,000 if you marked "Married"), skip lines A1 through A3 and enter 0 on line A4.

A1. Enter "1" for **yourself** if no one else can claim you as a dependent. Otherwise, enter 0 ..... A1.

A2. Enter "1" for your **spouse** if your spouse **isn't employed.** Otherwise, enter 0 ..... A2.

A3. Enter the number of **dependents** you will claim on your Oregon tax return ..... A3.

A4. Add lines A1 through A3. Enter the result here and follow the instructions below ..... A4.



Complete all worksheets that apply.

- **Worksheet B**—Use this worksheet if you plan to do **any** of the following on your 2024 Oregon return:
  - o Itemize your Oregon deductions or claim additional standard deduction amounts.
  - o Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
  - o Report nonwage income (such as dividends, interest, or self-employment income).
- **Worksheet C**—Use this worksheet if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed $20,000.

If neither of the above worksheets apply, stop here and enter the number from line A4 on Form OR-W-4, line 2.

– Keep this worksheet for your records –

Worksheet B—Deductions, adjustments, credits, and nonwage income

STOP Use this worksheet if you plan to do **any** of the following on your 2024 Oregon return:

- Itemize your Oregon deductions or claim additional standard deduction amounts.
- Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
- Report nonwage income (such as dividends, interest, or self-employment income).

Having your most recent Oregon tax return on hand may help you when completing this worksheet.
Don't use negative numbers unless otherwise instructed. For example, write a $1,000 Oregon subtraction as "$1,000", not "($1,000)" or "-$1,000". For more information, see the instructions for this worksheet starting on page 3.

B1. Enter your estimated 2024 **nonwage income** (such as dividends or interest) .....B1. .00

B2. Enter your estimated 2024 Oregon **additions** .....B2. .00

B3. Add lines B1 and B2 .....B3. .00

B4. Enter your estimated 2024 Oregon **deductions.** (See instructions) .....B4. .00

B5. Enter the **standard deduction** based on your anticipated 2024 filing status: .....B5. .00

- **Single or Married Filing Separately:** $2,745.
- **Head of Household:** $4,420.
- **Married Filing Jointly or Qualifying Surviving Spouse:** $5,495.

B6. Line B4 minus line B5. If the result is zero or less, enter 0 .....B6. .00

B7. Enter your estimated 2024 federal **adjustments to income** and Oregon **subtractions** (**exception**—don't include the federal tax subtraction) .....B7. .00

B8. Add lines B6 and B7 .....B8. .00

B9. Line B8 minus line B3. If less than zero, enter as a negative amount .....B9. .00

B10. Line B9 divided by $3,200. Round to one decimal place. If less than zero, enter as a negative amount.....B10. .

B11. Enter your estimated 2024 Oregon standard, carryforward, or refundable **credits** (**exception**—don't include personal exemption credits).....B11. .00

B12. Divide line B11 by $249. Round to one decimal place .....B12. .

B13. Add lines B10 and B12. If less than zero, enter as a negative amount. Round to the whole number closest to zero (See instructions) .....B13.

B14. Enter the number from **Worksheet A,** line A4 .....B14.

B15. Add lines B13 and B14. If zero or less, enter 0. (See instructions) .....B15.

If you're using **Worksheet C,** enter the result from line B15 on **Worksheet C,** line C1.
Otherwise, **stop here** and enter the result from line B15 on Form OR-W-4, line 2.

– Keep this worksheet for your records –

Worksheet C—Two earners / multiple jobs



If you (including your spouse) work three or more jobs at one time, consider using the **Oregon Withholding Calculator** at www.oregon.gov/dor for a more accurate calculation of your allowances.

If you don't use the online calculator, use this worksheet to figure the number of allowances to claim on the Form OR-W-4 for your **highest paying job.** For the best results, we recommend that you claim allowances only on the Form OR-W-4 you submit for your highest paying job, and that you claim zero allowances on Form OR-W-4, line 2 for all of your (or your spouse's) other jobs. Doing so will help prevent under-withholding. For more information, see the instructions for this worksheet starting on page 4.

Complete this worksheet only if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed $20,000.

C1. Enter the number from **Worksheet B,** line B15. If you didn't use Worksheet B, enter the number from **Worksheet A,** line A4 ..... C1.

C2. Enter the indicated number based on your 2024 anticipated filing status ..... C2.
- **Single, Head of Household, or Married Filing Separately:** Enter "2"; **however,** if two of your jobs individually exceed $40,000, enter "4".
- **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3"; **however,** if two of your jobs individually exceed $50,000, enter "6".

C3. If you (including your spouse) will work three or more jobs at the same time at any point during the year, enter the indicated number for your 2024 anticipated filing status. Otherwise, enter 0 ..... C3.
- **Single, Head of Household, or Married Filing Separately:** Enter "2".
- **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3".

C4. Add lines C2 and C3 ..... C4.

C5. Is line C1 **less** than line C4?
- **Yes.** Enter 0 on line C5 and on Form OR-W-4, line 2. Continue with lines C6 through C8 to figure the additional withholding amount necessary to avoid owing tax with your return.
- **No.** Line C1 minus line C4. Enter the result on line C5 (if zero, enter 0) and on Form OR-W-4, line 2. **Don't** complete the rest of this worksheet.. ..... C5.

C6. Line C4 minus line C1 ..... C6.

C7. Line C6 multiplied by $249 ..... C7. .00

C8. Line C7 divided by the number of **paychecks remaining in 2024** for the highest paying job and rounded to the nearest dollar. Enter the result here and on Form OR-W-4, line 3. This is the additional amount to be withheld from each paycheck ..... C8. .00

Reminder: If you're requesting additional withholding for part of the year, remember to check your withholding again early next year.

– Keep this worksheet for your records –

Tigard-Tualatin School District 23J

DIRECT DEPOSIT

PAYROLL AUTHORIZATION

First Name	Middle	Last

Employee ID # | | | | | | |

1. If you are requesting your **entire paycheck** to be deposited into one account, complete account information on Line 1 -- list **"ALL"** in "$ Amount" column.
2. If you are requesting deposits into **two accounts,** complete account information on
   Line 1 -- list the **lesser dollar amount** in "Dollar Amount" column.
   Line 2 -- list **"ALL"** in "$ Amount" column for the remainder of your check.
3. Account information is typically pre-printed on the bottom of your check and/or deposit slips. The first set of numbers (nine digits) is the Transit Routing Number. The next set of numbers is your account number. (**SEE BELOW FOR SAMPLE**)
4. Attach a voided check for each account in which your pay is to be deposited.
5. To discontinue Direct Deposit into any account, complete the section entitled "To Discontinue An Account".
6. Sign, date and submit this form to the Payroll Department for processing.
7. **This form is due to the payroll office by 7th of the month,** *if received after the 7th direct deposit will be on following month's payroll.*

TO ADD AN ACCOUNT *OR* CHANGE AMOUNT IN AN EXISTING ACCOUNT

	$ Amount	Account Type (Checking, Savings)	Bank Name	Transit Routing #	Account #
1					
2					

TO *DISCONTINUE* AN ACCOUNT

	$ Amount	Account Type (Checking, Savings)	Bank Name	Transit Routing #	Account #
1					
2					

I authorize Tigard-Tualatin School District to make deposits on my behalf to the accounts and amounts I have indicated above.

I further authorize Tigard-Tualatin School District to debit my account in the event a deposit is made to my account in error.

This form takes the place of all other forms that I have completed.

Signature	**Date**

Transit Routing/Account # SAMPLE

Transit Routing # | Account # | Check #

⑆ 123006800 ⑆ 0098887733 ⑈ 1234

Attach voided check here

For Payroll Use Only
Entered by: **DATE:**

6960 SW Sandburg Street Tigard, OR 97223 503-431-4000

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION

Tigard-Tualatin School District is an Equal Opportunity Employer

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment. This page is separate from your personnel file, and will be kept confidential.

NAME: _____

GENDER: Male _____ Female _____Non-Binary _____

ETHNICITY: Are you Hispanic/Latino? **(Choose only one)**

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (A person descended from a Spanish-speaking country of origin in North America, Central America or South America regardless of race or original language.)

The above Hispanic/Latino question is about ethnicity, not race. No matter what you selected above, please continue to answer the following race question by marking one or more boxes under RACE to indicate what you consider your race to be.

RACE: **(Choose one or more)**

___ American Indian/Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America and who maintains tribal affiliation or community attachment.)

___ Asian **(A** person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

_____ Black/African American (A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian/Other Pacific Islander (A person having origins In any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.)

___ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

This information will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.

2/16/23 VM

Tigard-Tualatin School District

Criminal History Verification of Applicants

Please type or print clearly.
As Appears on Legal Identification

Legal Name:_____
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used:_____
(Includes Maiden Name)

Social Security No: _____ DOB: _____ Gender: Male____Female____

Driver License/Identification Card No.: _____Issue State: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefit to which you are otherwise entitled. If you do provide the number the district will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Address: _____
Street Apt#

_____
City State Zip

A. Have you **EVER** been convicted of a sex-related crime? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state:_____
2. If yes, did the crime involve force to minors? ___ Yes ___ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? ___ Yes___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) ___Yes___No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?
___ Yes___ No

Advisory: A check of the applicant's criminal history will be made by the TTSD to verify the responses to the preceding questions. I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Additionally, TTSD will submit applicants information for ODE Verification. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date:_____

Tigard-Tualatin School District 23J

6960 SW Sandburg St Tigard, OR 97223 Phone: 503-431-4012 Fax: 503-431-4014

To: _____
Former Educational Employer name and address

From: Human Resources Tigard-Tualatin School District 23J 6960 SW Sandburg St. Tigard, OR 97223

_____ is under consideration for employment in the Tigard-Tualatin School District and claims service in your organization. Oregon school districts are required to collect data regarding any substantiated reports of sexual misconduct pursuant to ORS 339.374. Additionally, for licensed employees, your verification of employment is necessary to properly place the employee of the salary schedule. Please fill out the form below and return it to the address or fax above. Thank you.

I authorize you to release to the Tigard-Tualatin School District, all information related to any substantiated reports of child abuse, sexual conduct or crimes listed in ORS 342.143. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document. I authorize my former employer as well to release all information to verify previous employment to the Tigard-Tualatin School District.

_____ _____ _____
Signature of Employee Date Dates and position(s) formerly held

The employee ☐ WAS ☐ WAS NOT the subject of a substantiated report of child abuse or sexual misconduct related to the applicant's employment to the education provider. Dates of any substantiated reports: _____
Please attach the definitions of child abuse and sexual misconduct used by the District when the education provider determined that any reports were substantiated and the standards used by the District to determine whether any reports were substantiated.

Previous Employer: Please fill in the beginning and ending dates for each year of employment in a **licensed position ONLY** and indicate the number of days paid. Do not include substitute teaching, summer school, tutoring, classified positions or leave of absence periods.

From Mo/Yr	To Mo/Yr	Assignment	FTE	Contract Days Employed

IF OREGON EXPERIENCE: State of Oregon transferable sick leave hours: _____

Of these hours, how many were transferred from another OR district: _____ hours from _____

I certify that the above listed information is complete and correct according to the official records on file in the school system or institution providing this verification.

_____ _____
Signature of Authorized Official of Former Employer District

_____ _____ _____
Date Title Street Address City/State/Zip

7/8/17 mg