2026 Form OR-W-4

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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—