Clear form

Form OQ

Oregon Quarterly Tax Report

6521010123

For more detailed instructions, see the Oregon Combined Payroll Tax Report at www.oregon.gov/dor.
Make sure to enter the amount you paid for each tax in the appropriate box. **Complete both sides of this form.**
To make a payment:

- Use electronic funds transfer (EFT) on Revenue Online at www.oregon.gov/dor; or
- **Complete Form OR-OTC-V and mail with your check,** payable to Oregon Department of Revenue, to:
  Oregon Department of Revenue
  PO Box 14800
  Salem OR 97309-0920

Date received

Business name

Federal employer identification number (FEIN)

Business identification number (BIN)

Quarter/Year (Q/YY) ___ / ___

		State Income Tax Withholding		Statewide Transit Tax (STT) Withholding
1. **Subject wages.** Enter 0 if there was no payroll, but you were still subject to withholding	1a.		1b.	
2. **Total tax amount.** You must enter the tax amount for the quarter	2a.		2b.	
3. **Tax pre-paid this quarter**	3a.		3b.	
4. **Total due.** Line 2 minus line 3	4a.		4b.	

		TriMet Transit District (TM)		Lane Transit District (LTD)
5. **Subject wages.** Enter 0 if there was no payroll, but you were still subject to tax	5a.		5b.	
6. **Tax rate**	6a.		6b.	
7. **Total tax amount.** Line 5 multiplied by line 6	7a.		7b.	
8. **Tax pre-paid this quarter**	8a.		8b.	
9. **Total due.** Line 7 minus line 8	9a.		9b.	

10. **Subtotal.** Total lines 4a, 4b, 9a, and 9b ..... 10.

Monthly Summary of State Withholding Tax Liability

11. Enter amount of state tax withheld by month. Do not complete if you are a quarterly, semi-weekly, or one-banking day depositor (see instructions).

11a. **First Month**	11b. **Second Month**	11c. **Third Month**	11d. **Total for Quarter**

12. Report the number of workers covered for Unemployment Insurance (UI) who worked during or received pay for each month (see instructions).

12a. **First Month**	12b. **Second Month**	12c. **Third Month**	12d. **Total for Quarter**

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Oregon Quarterly Tax Report

Business identification number (BIN) | Quarter/Year (Q/YY)

6521020123

		Unemployment Insurance (UI)		Paid Leave
13. **Subject wages.** Enter 0 if there was no payroll, but you were still subject	13a.		13b.	
14. **Excess wages** (see instructions)	14a.		14b.	
15. **Taxable wages.** Line 13 minus line 14.	15a.		15b.	
16. **UI tax / Paid Leave contribution rate**	16a.		16b.	
17. **Paid Leave employer contributions** (Line 15b multiplied by line 16b multiplied by 0.40)	17.			
18. **Paid Leave employee contributions** (Line 15b multiplied by line 16b multiplied by 0.60)	18.			
19. **Total.** For line 19a, multiply line 15a by line 16a. For line 19b, add line 17 to line 18.	19a.		19b.	
20. **UI tax / Paid Leave contribution pre-paid this quarter**	20a.		20b.	
21. **Penalty and interest owed**	21a.		21b.	
22. **Total due.** Line 19 minus line 20, add line 21	22a.		22b.	
23. **Out-of-state employees.** Total of employees paid in quarter to work exclusively outside of Oregon	23.			
24. **Paid Leave Replacement Workers.** Total of temporary workers employed as replacements for employees taking Paid Leave leave in the quarter	24.			

Special Payroll Tax Offset. To be calculated every quarter. See instructions.

25. Special payroll tax offset. Use to calculate the "contributions paid to the state" on federal Form 940	25.	
26. Amount applied to UI trust fund. Line 19a minus line 25.	26.	

Workers' Benefit Fund (WBF) Assessment

27. **Hours worked by paid workers subject to Oregon Workers' Compensation law.** (Whole hours only. Hours do not need to equal hours reported on Form 132.)	27.	
28. **WBF assessment rate**	28.	
29. **Total assessment.** Line 27 multiplied by line 28	29.	
30. **Assessment prepaid.** Add prepayments that were made in this quarter or any credit you may have on your WBF account	30.	
31. **Total WBF assessment due.** Line 29 minus line 30	31.	

Total Payment Due

32. **Total Payment Due.** Add lines 10, 22a, 22b, and 31	32.	

Under penalty of false swearing, I declare that the information in this report and any enclosures are true, correct, and complete.

Signature | Date (MM/DD/YY)

X

Preparer name | Preparer phone | Preparer license number