

2023 Form OR-W-4

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Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

Employee information fields: First name, Initial, Last name, Social Security number (SSN), Address, City, State, ZIP code, Redetermination checkbox.

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.

- 1. Select one: Single, Married, Married, but withholding at the higher single rate.
2. Allowances. Total number of allowances you're claiming on line A4, B15, or C5.
3. Additional amount, if any, you want withheld from each paycheck.
4. Exemption from withholding. I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions.

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

Employee signature and date fields.

Employer use only.

Employer information fields: Employer name (High Desert Education Service District), Federal employer identification number (FEIN) (93-6002511), Employer address (2804 SW 6th Street), City (Redmond), State (OR), ZIP code (97756).

- Submit this form to your employer -