

**Please sign and mail, fax, or email form to FPDR.**

**Oregon State Tax Withholding**

Oregon State tax withholding will be calculated based upon single marital status and zero allowances unless you complete the form below or have an existing Oregon State tax withholding on file with FPDR

**Non-Oregon residents** who do not want Oregon State income tax withheld should write “Exempt” on line 4.

The Oregon Department of Revenue tax withholding calculator can be found at <https://revenueonline.dor.oregon.gov/tap>. Oregon Department of Revenue tax withholding instructions can be found at [https://www.oregon.gov/dor/forms/FormsPubs/form-or-W-4-instr\\_101-402-1\\_2022.pdf](https://www.oregon.gov/dor/forms/FormsPubs/form-or-W-4-instr_101-402-1_2022.pdf)

Form <b>OR W-4</b>	<b>Oregon Withholding Statement and Exemption Certificate</b>	<b>2025</b>
<b>Oregon Department of Revenue Page 1 of 1 150-101-402 (Rev. 09-30-21 ver 01)</b>		
Your first name and middle initial	Last name	Social Security number (Last 4 Digits)
Home address (number and street or rural route)		
City or town, state, and 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.** I am claiming this number of exemptions. 2. \_\_\_\_\_
- 3 **Additional amount,** if any, you want withheld from each paycheck..... 3. \_\_\_\_\_
- 4 **Withhold a flat amount per month** of \$ 4. \_\_\_\_\_  
The Oregon Department of Revenue tax withholding calculator can be found at <https://revenueonline.dor.oregon.gov/tap/>  
Divide the result by 12 for monthly withholding. This option provides the most accurate withholding.

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

<b>Employee’s signature</b> (this form isn’t valid unless signed)	Date
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