# Oregon Withholding Statement and Exemption Certificate

<table>
<thead>
<tr>
<th>First name</th>
<th>Initial</th>
<th>Last name</th>
<th>Social Security number (SSN)</th>
<th>Redetermination</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
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</thead>
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**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.** Total number of allowances you’re claiming on line A4, B15, or C5. If you meet a qualification to skip the worksheets and you aren’t exempt, enter 0 ..........................2.

3. **Additional amount,** if any, you want withheld from each paycheck .................................................. 3. .......................... .00

4. **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete both lines below:
   - Enter the corresponding exemption code. (See instructions) .......................... 4a.
   - Write “Exempt” ........................................................................................................... 4b.

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

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

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Employer use only.

Employer's name Federal employer identification number (FEIN)

Employer's address City State ZIP code

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—Submit this form to your employer—