## 2025 Form OR-W-4

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Oregon Department of Revenue



## 19612501010000 Office use only **Oregon Withholding Statement and Exemption Certificate**

First name Initial Last name			Last name	Social Security number (SSN)	Redetermination		
Address				City		State	ZIP code
	gon Department of  Select one:	Rever Single		to send a copy of this form but withhold at the higher s	i to the departi	ment for	review.
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. Total number of allowances you're claiming on line A4, B15, or C5.  See worksheets in the instructions. If you skip the worksheets and aren't exempt, enter 0							
4.							
	n here. Under pena loyee signature (This form	,	false swearing, I declare the information alid unless signed.)	ation provided is true, correc	ot, and comple	te.	
	loyer use only.			Federal employer identification number	mber (FEIN)		
Employer address				City	State		ZIP code

-Submit this form to your employer-