<b>2025 Form OR-W-4</b> Page 1 of 1, 150-101-402 (Rev. 08-08-24, ver. 01) <b>Oregon Withholding State</b>	Oregon Department of Revenue ment and Exemption Certi	₩₩₩₩₩₩₩₩₩₩₩₩₩ 19612501010	<b>     </b>    <b>     </b>   000		Office use only
First name Initial Last name Social Security nur		ocial Security number (SSN)	Red	eterminati	on
Address	c	ity		State	ZIP code
<ol> <li>Allowances. Total number of See worksheets in the instru</li> </ol>	Married Married, but married but legally separated or y allowances you're claiming on lin <b>uctions.</b> If you skip the worksheet ou want withheld from each paych	e <b>A4, B15,</b> or <b>C5.</b> Is and aren't exempt, <b>en</b>	. citizen witho ter 0	2.	anent resident status.
<ul><li>the conditions for exemption a</li><li>Enter your exemption code.</li><li>Write "Exempt"</li></ul>	g. I certify my wages are exempt finds a stated on page 2 of the instruction (See instructions)	ns. Complete <b>both</b> lines t	oelow: 4 4	b	
Sign here.         Under penalty of false swearing, I declare the information provided is true, correct, and co           Employee signature (This form isn't valid unless signed.)         Date					
Imployer use only.           aployer name         Federal employer identification number (FEIN)			nber (FEIN)		
Employer address	City			State	ZIP code

-Submit this form to your employer-