

# 2026 Form OR-W-4

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(Rev. 07-28-25, ver. 01)

Oregon Department of Revenue



## Oregon Withholding Statement and Exemption Certificate

Office use only

|            |         |           |                              |                                          |
|------------|---------|-----------|------------------------------|------------------------------------------|
| First name | Initial | Last name | Social Security number (SSN) | <input type="checkbox"/> Redetermination |
| Address    |         |           | City                         | State 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 withhold at the higher single rate.

**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.** Enter the number from Worksheet A, line **A5**, Worksheet B, line **B9**, or Worksheet C, line **C6** (see instructions). Otherwise, if you aren't exempt, **enter 0**..... 2.

3. **Additional amount** from Worksheet C, line **C10**, or other amount to withhold from each paycheck ... 3.  .00

4. **Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated in Form OR-W-4 Instructions. Complete **both** lines:

- Enter your exemption code from the Exemption chart in Form OR-W-4 Instructions..... 4a.
- Write "Exempt" ..... 4b.

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

|                                                           |      |
|-----------------------------------------------------------|------|
| Employee signature (This form isn't valid unless signed.) | Date |
|-----------------------------------------------------------|------|

### Employer use only.

|                  |                                               |       |          |
|------------------|-----------------------------------------------|-------|----------|
| Employer name    | Federal employer identification number (FEIN) |       |          |
| Employer address | City                                          | State | ZIP code |

—Submit your completed form to your employer—