

2019 Form OR-WR

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(Rev. 11-06-19 ver. 01)

Oregon Department of Revenue



Office use only

Oregon Annual Withholding Tax Reconciliation Report

Return Due Date: January 31, 2020

Submit original form—do not submit photocopy

Business Name TEST BUSINESS 1	Business Identification Number (BIN) 01234567-8
Federal Employer Identification Number (FEIN) 12-3123123	Number of W-2s and 1099s 4

Use your 2019 Form OQ and Form OR-STT-1.
See the instructions on the back.

	Withholding tax (WH) reported	Statewide transit tax (STT) reported
1. 1st Quarter..... 1.	100.00	10.00
2. 2nd Quarter..... 2.	200.00	20.00
3. 3rd Quarter..... 3.	300.00	30.00
4. 4th Quarter..... 4.	400.00	40.00
5. Total	1,000.00	100.00
6. Total Oregon income tax on W-2s or 1099s *	1,100.00	
7. Enter the difference between box 5 (WH) and box 6..... 7.	100.00	
• If box 6 is larger than box 5 (WH), you owe tax. Pay the amount in box 7. Include a payment coupon, Form OR-OTC-V, with your check. • If box 6 is smaller than box 5 (WH), you may have a credit for the amount in box 7. • If the amount in box 7 is -0-, your withholding account balances.		
8. Total Oregon statewide transit tax on W-2s or 1099s *		110.00
9. Enter the difference between box 5 (STT) and box 8		10.00
• If box 8 is larger than box 5 (STT), you owe tax. Pay the amount in box 9. Include Form OR-OTC-V with your check. • If box 8 is smaller than box 5 (STT), you may have a credit for the amount in box 9. • If the amount in box 9 is -0-, your statewide transit tax account balances.		

Explain the difference _____

10. Do you offer an employer-sponsored retirement savings plan, such as a: 401(k), 403(a), 403(b), 408(k), 408(p) or 457(b)? ☐ Yes ☒ No

***Include the amount of tax on your 1099s unless they are reported on a different BIN.**

I certify that this report is true and correct and is filed under penalty of false swearing.		
Signature X	Date 1/31/2019	Phone 541-123-1234
Name John Smith	Title Owner	

Important: Mail Form OR-WR separately from your 4th quarter Form OQ and 4th quarter Form OR-STT-1.

If **no payment** is included, mail
Form OR-WR to: **Oregon Department of Revenue
PO Box 14260
Salem OR 97309-5060**

Mail Form OR-WR and
Form OR-OTC-V
with payment to: **Oregon Department of Revenue
PO Box 14800
Salem OR 97309-0920**