

TaxYear

2019 Form OR-WRPage 1 of 1, 150-206-012
(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 BusinessNameLine1	Business Identification Number (BIN) StateEIN
Federal Employer Identification Number (FEIN) TINTypeValue	Number of W-2s and 1099s NumberOfRecords RecordType="Total"

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

	Withholding/ Withholding tax (WH) reported	StatewideTransit/ Statewide transit tax (STT) reported
1. 1st Quarter..... 1.	AmountWithheld1stQuarter	AmountWithheld1stQuarter
2. 2nd Quarter..... 2.	AmountWithheld2ndQuarter	AmountWithheld2ndQuarter
3. 3rd Quarter..... 3.	AmountWithheld3rdQuarter	AmountWithheld3rdQuarter
4. 4th Quarter..... 4.	AmountWithheld4thQuarter	AmountWithheld4thQuarter
5. Total 5.	TotalIncomeTaxWithheld	TotalIncomeTaxWithheld
6. Total Oregon income tax on W-2s or 1099s * 6.	TaxWithheldYear	
7. Enter the difference between box 5 (WH) and box 6..... 7.	TaxDifference	
• 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 * 8.		TaxWithheldYear
9. Enter the difference between box 5 (STT) and box 8 9.		TaxDifference
• 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, **RetirementPlan**
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	Phone
Name	Title	

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

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

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