



www.oregon.gov/DOR

### Taxpayer assistance

| General tax information ww         | w.oregon.gov/DOR |
|------------------------------------|------------------|
| Salem                              |                  |
| Toll-free from an Oregon prefix    | 1-800-356-4222   |
| Asistencia en español:             |                  |
| Salem                              |                  |
| Gratis de prefijo de Oregon        | 1-800-356-4222   |
| TTY (hearing or speech impaired; m | achine only):    |
| Salem                              | 503-945-8617     |

| Toll-free from an Oregon prefix1-800-886-7204 |
|---|

Americans with Disabilities Act (ADA): Call one of the help numbers for information in alternative formats.

# An Employer's Guide to Oregon Withholding and Transit Taxes for Sports and Entertainment Industries

This packet provides basic payroll tax information for all employers doing business in Oregon including those involved in the sports and entertainment professions. Please read the enclosed information carefully to understand what you are required to report.

Any employer doing business in the state may be subject to one or all of the following taxes:

| Тах   | Administered by  | Information                           |
|---|--|---------------------------------------|
| Payroll Withholding Tax                       | Oregon Department of Revenue                           | www.oregon.gov/DOR<br>503-945-8091    |
| Tri-County Metropolitan<br>Transit Excise Tax | Oregon Department of Revenue                           | www.oregon.gov/DOR<br>503-945-8091    |
| Lane County Transit<br>Excise Tax             | Oregon Department of Revenue                           | www.oregon.gov/DOR<br>503-945-8091    |
| Worker's Benefit Fund<br>Assessment           | Oregon Department of<br>Consumer and Business Services | www.oregon.gov/DCBS<br>503-947-7815   |
| Unemployment Tax                              | Oregon Employment<br>Department                        | www.oregon.gov/EMPLOY<br>503-947-1488 |

# Definitions

For purposes of this informational packet:

- (a) The term "professional sports team" typically includes, but is not limited to any professional baseball, basketball, football, soccer, rodeo, motor sports, or hockey team.
- (b) The term "entertainer" includes, but is not limited to any professional actor, musician, singer, theater company, dancer, or artist.

Note: See Oregon Administrative Rules 150-316.127-(F).

# Withholding tax

# Who must file and pay withholding taxes?

Employers working in Oregon at any given time are required to withhold tax on wages earned **while in Oregon**.

**Employers of nonresident employees** are required to withhold on wages of employees **working in the state of Oregon** once those wages exceed a certain threshold. (For 2005 and forward, the threshold is the standard deduction for each employee's filing status.)

**Employers located in Oregon** are required to withhold on all wages earned by Oregon resident employees, regardless of where the work is performed.

The three components of Oregon's withholding tax law are:

- All employers must withhold tax from Oregon employee wages at the same time employees are paid.
- Due dates for employers paying state withholding are the same as the due dates for making federal withholding tax and FICA tax deposits.
- All employers working in Oregon must file combined tax returns in addition to making the required payments.

For current year information, contact the Oregon Department of Revenue at 503-945-8091.

# How to figure withholding tax

To determine the amount of Oregon tax to withhold from employees' wages:

- Use the "wage bracket" withholding tax prepared by the Oregon Department of Revenue in the *Oregon Withholding Tax Tables Booklet* (publication 150-206-430); or
- Use the department's formula for computer payroll systems. This formula is also available in the *Oregon Withholding Tax Tables Booklet* (publication 150-206-430); or
- If a professional sports team, withhold 8 percent of the wages earned in Oregon by each employee earning over \$50,000 per year.

The Oregon withholding tax tables are available on the the Department of Revenue's website at www.oregon.gov/DOR under "publications."

# **Transit district taxes**

The Oregon Department of Revenue administers tax programs for the Tri-County Metropolitan Transportation District (TriMet) and the Lane County Mass Transit District (LTD). Most employers paying wages **for services performed in these districts** must pay transit payroll tax. The tax provides revenue for mass transit.

The transit tax is imposed directly on the employer. The tax is figured only on the amount of gross payroll **for services performed within the TriMet or Lane Transit districts.** 

The TriMet district includes parts of three counties in the Portland area. LTD serves the Eugene-Springfield area. A complete list of ZIP codes that comprise the TriMet and LTD service areas is available in the brochure *Oregon Transit Taxes for Employers: Should I Be Filing?* The brochure is available on our website at www.oregon.gov/DOR or by calling 503-945-8091.

# Who must file and pay transit tax?

All employers who are paying wages earned in the TriMet or LTD districts must register and file with the Oregon Department of Revenue. Wages include all salaries, commissions, bonuses, fees, payments to a deferred compensation plan, or other items of value. For more information about the TriMet or Lane transit taxes, contact the Oregon Department of Revenue at 503-945-8091. For boundary questions, contact TriMet at 503-962-6466 or Lane Transit District at 541-682-6100.

Your payroll service may not be aware that you have employees working in the transit districts. If so, you need to contact the service regarding your reporting and payment responsibilities. If you have an existing account and become subject to transit tax after your forms have been issued, contact the Oregon Department of Revenue for the current tax rates.

# What wages are subject to transit district taxes?

All salaries, commissions, bonuses, fees, or other items of value paid to a person for services performed within the transit district are subject to transit district taxes. Transit district wages also include:

- Contributions to a Simplified Employee Pension (SEP) made at the election of the employee.
- Payments for the purchase of IRC section 403(b) annuities under salary reduction agreements.
- Contributions to 401(k) retirement plans made at the election of the employee, including employer-matched contributions.
- Pick-up payments to governmental retirement plans under salary reduction agreements.
- Amounts deferred under governmental deferred compensation plans.
- Any amount deferred under a nonqualified deferred compensation plan.
- Payment to an IRC 408 individual retirement agreement under a salary reduction agreement.

# What wages are exempt from transit taxes?

The following are exempt from TriMet and LTD excise taxes:

- Federal government units.
- Federal credit unions.
- Public school districts.

• Internal Revenue Code Section 501(c)(3) nonprofit and tax-exempt institutions, except hospitals.

- Foreign insurers.
- All insurance adjusters, agents, and agencies, as well as their office staff, whether representing foreign or domestic companies.
- Domestic service in a private home.
- Casual labor.
- Services performed outside the district.
- Seamen who are exempt from garnishment.

The following are exempt from LTD, but subject to TriMet:

- Public education districts.
- Public special service and utility districts.
- Port authorities.
- Fire districts.
- City, county, and other local government units.

# How to figure the transit tax

Multiply the gross taxable payroll earned within the transit district by the current transit rate. The current rate should be printed in the TriMet/LTD portion of the Oregon Quarterly Combined Tax Report (Form OQ). If it is not, contact the Oregon Department of Revenue at 503-945-8091 for the most current rate.

# Reporting instructions for withholding and/or transit taxes

## How to register

If you are a new employer and subject to withholding and/or transit tax, complete the *Combined Employer's Registration* (Form 150-211-055). This form is available on the internet at www.oregon.gov/DOR under "forms," or contact the Oregon Department of Revenue at 503-945-8091 to order.

If you are currently registered and have employees subject to withholding and/or transit tax, complete a *Change of Status Report* (Form 150-211-157) on page 11. This form is also available on the internet at www.oregon.gov/DOR.

<section-header><section-header><form><form><form><form><form><form><form><form><form><form><form><form><form><form>

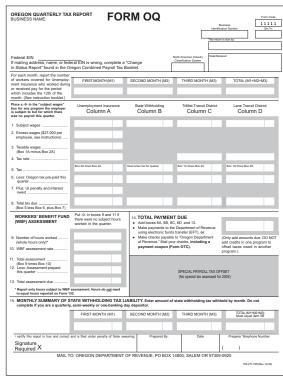
- Employee trusts that are exempt from taxation.
- Tips paid by the customer to the employee.
- Wages paid to employees whose labor is connected solely to planting, cultivating, or harvesting seasonal agricultural crops.

# How to file withholding and transit taxes

Report your withholding/transit tax every quarter, as long as you are registered as an active employer with the Oregon Department of Revenue, even if you have no payroll during the quarter. Oregon allows you to report all payroll taxes on one form. Several reporting options are available, including paper filing, electronic filing, and filing by telephone:

## Paper: Oregon Quarterly Tax Report (Form OQ)

These reporting forms are used to report Oregon's state withholding and transit taxes. This report also includes Form 132 (if you are subject to Oregon Unemployment Insurance tax) and Schedule B (only if your federal/state withholding tax deposits are required to be submitted semi-weekly or on a one-banking-day basis).



|                  | A. Daily Oregon W                                      | ithholding Tax Liability – First Mo              | inth of the Quarter  |    |  |
|------------------|--|--|----------------------|----|--|
| 1                | 8  | 15   | 22                   | 29 |  |
| 2                | 9  | 16   | 23                   | 30 |  |
| 3                | 10   | 17   | 24                   | 31 |  |
| 4                | 11   | 18   | 25                   |    |  |
| 5                | 12   | 19   | 26                   |    |  |
| 6                | 13   | 20   | 27                   |    |  |
| 7                | 14   | 21   | 28                   |    |  |
| A. Total tax lia | bility for the first month of the<br>B. Daily Oregon W | quarter<br>ithholding Tax Liability – Second     | Month of the Quarter | A  |  |
| 1                | 8  | 15   | 22                   | 29 |  |
| 2                | 9  | 16   | 23                   | 30 |  |
| 3                | 10   | 17   | 24                   | 31 |  |
| 4                | 11   | 18   | 25                   |    |  |
| 5                | 12   | 19   | 26                   |    |  |
| 6                | 13   | 20   | 27                   |    |  |
| 7                | 14   | 21   | 28                   |    |  |
| B. Total tax lia | bility for the second month of<br>C. Daily Oregon W    | the quarter<br>thholding Tax Liability – Third M | onth of the Quarter  | B  |  |
| 1                | 8  | 15   | 22                   | 29 |  |
| 2                | 9  | 16   | 23                   | 30 |  |
| 3                | 10   | 17   | 24                   | 31 |  |
| 4                | 11   | 18   | 25                   |    |  |
| 5                | 12   | 19   | 26                   |    |  |
| 6                | 13   | 20   | 27                   |    |  |
| 7                | 14   | 21   | 28                   |    |  |
| C. Total tax lia | bility for the third month of the                      | quarter  |                      | C  |  |
| D. Total for the | e quarter (Add boxes A, B, and                         | d C). Enter this amount in box 58                | 3 on Form OQ         | D  |  |

| BUSINESS NAM  | E: | UN                                 |  |   | Business<br>Identification Num | rber Otr/11. |
|---|----|------------------------------------|--|---|--------------------------------|--------------|
| 1. TOTAL SUBJECT V<br>Must equal total in box 1/            |    | OQ 2. Social                       | First  | 3. Employee Name  | 4. Whole Hours                 |              |
| ENCLOSE WITH  |    | Security Number                    | Initial  | Last  | Worked                         | Wages        |
| FORM OQ   | 1  |                                    |  |   |                                |              |
| Data entered on this form,                                  |    |                                    | _  |   | -                              |              |
| or any substitute for this<br>form, must be entered         | 2  |                                    | a de la compañía   |   | _                              | _            |
| exactly where designated<br>on this form. Submitting        | 3  |                                    |  |   |                                |              |
| reports not in correct                                      |    |                                    | _  |   | -                              |              |
| format may result in<br>penalties.                          | 4  |                                    | a de la compañía de l  |   | a la combie                    | _            |
|   | 5  |                                    |  |   |                                |              |
| The Employment Depart-<br>ment has free software for        |    |                                    |  |   |                                |              |
| filing electronically. This<br>software is a substitute for | 6  |                                    |  |   |                                |              |
| quarterly filings of paper                                  | 7  |                                    |  |   |                                |              |
| Form OQs, Schedule Bs,<br>and Form 132s. To order           | 8  |                                    |  |   |                                |              |
| call 503-947-1488, use                                      | •  |                                    |  |   |                                |              |
| the order form in this<br>packet, or download the           | 9  |                                    |  |   |                                |              |
| software from our Web site.                                 | 10 |                                    |  |   |                                |              |
|   |    |                                    |  |   | _                              | _            |
| If you are not filing<br>electronically send all            | 11 |                                    | _  |   |                                |              |
| forms to:   | 12 |                                    |  |   |                                |              |
| Department of Revenue<br>PO Box 14800                       |    |                                    | _  |   | _                              | _            |
| Salem OR 97309-0920   | 13 |                                    | a la desta de la desta desta de la desta |   | _                              | _            |
| Our Web site:   | 14 |                                    |  |   |                                |              |
| www.emp.state.or.us/tax                                     |    |                                    | _  |   | _                              |              |
|   | 15 |                                    |  |   |                                |              |
|   | 16 |                                    |  |   |                                |              |
|   | 17 |                                    |  |   |                                |              |
|   | 17 |                                    |  |   |                                | _            |
|   | 18 |                                    |  |   |                                |              |
|   | 19 |                                    |  |   |                                |              |
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|   |    | reimburse the Er<br>paid must comp | nployment Depar<br>lete this page. Fa  | unemployment insurance to<br>tment for unemployment be<br>ilure to report all employees | refits<br>with                 |              |
|   |    | hours worked (n                    | o fractions or dec   | r failure to accurately report v<br>cimals) may result in penaltie                      |                                |              |
|   |    |                                    | Page No  | of<br>IOTOCOPIED FORM   |                                |              |

# Software: OTTER (Oregon Tax Employment Reporting)

Computer-based software that allows you to file your report by e-mail or diskette. Your data can be imported from separate payroll programs directly into electronic reporting format or

copied from one quarter to the next. The software is free and can be downloaded from the internet at www.oregon.gov/EMPLOY/TAX/index.shtml.

# **Online: SETRON (Secure Employer Tax Reporting Online)**

Web-based reporting that allows any employer with 50 or fewer employees to report over the Internet. Any employer can report regardless of computer type. SETRON can be found at the Oregon Employment Department's website at www.oregon.gov/EMPLOY/TAX/index. shtml.

## **Telephone: Interactive Voice Response System**

You can file a "no payroll/no hours worked" report for a particular quarter by telephone, 24 hours a day, 7 days a week by calling **503-378-3981**. This system does not provide a confirmation number to confirm that the report has been received. It is important to allow the call to complete to ensure that the report is properly processed. You must have "no payroll/no hours worked" for **all** subject tax programs to file by telephone.

# How to send in deposits/payments

Payments/deposits can be made using several payment options. One is using the payment coupon (Form OTC) with a check, or through the department's electronic fund transfer (EFT) using either ACH Debit or ACH Credit. All employers who are mandated to file EFT for federal purposes would also be required to do so for the state. For EFT information, call 503-947-2017 or visit our website, www.oregon.gov/DOR.

State withholding deposits are required to be made with the same frequency as federal deposits and have the same deadlines. Transit depos-

its are paid quarterly with the Oregon Quarterly Tax Report.

Multistate employers who believe that federal withholding methods create an undue burden may request an alternative payment method for depositing withholding tax payments by writing to Oregon Department of Revenue, Business Division, 955 Center St. NE, Salem OR 97301.

# End of year reporting for withholding tax

## Form WR, Oregon Annual Reconciliation Report

All employers who pay withholding tax to Oregon must file the Oregon Annual Reconciliation Report (Form WR) by February 28 of the following year. This form reconciles the quarterly filings with W-2s

| NR  | NUAL WITHHOLDING   |                          | Date Rec       |                        |
|---|--|--------------------------|----------------|------------------------|
|   | Date: February 28, 2008  |                          |                |                        |
| usiness Name  | 5 Bato. 1 65/68/y 20, 2000   | Business Identification  | Mumber (DIN)   |                        |
| usiness ivame   |  | Business identification  | i number (BIN) |                        |
| ederal Employer Identification Number                                       | (FEIN)   | Number of W-2s           |                |                        |
|   |  |                          |                |                        |
| Please read the instructions<br>Do not send W-2s and 1099s                  |  | (D                       |                | laurana da dila W.O.au |
| 1099 forms at a later date to   |  | n Nevenue may reques     | t certain emp  | noyers to file w-2 or  |
| Jse your 2007 OQ forms. See t   | he instructions on the back.   |                          |                | Tax Reported           |
| . 1st Quarter   |  |                          |                |                        |
| . 2nd Quarter   |  |                          |                |                        |
|   |  |                          |                |                        |
| . 3rd Quarter   |  |                          |                |                        |
| . 4th Quarter   |  |                          | 4              |                        |
| . Total   |  |                          | 5              |                        |
|   |  |                          |                |                        |
|   |  |                          |                |                        |
| i. Total Oregon tax shown on <b>W</b>                                       | /-2s or 1099s"   |                          | 6              |                        |
|   |  |                          | _              | 1                      |
| . Enter the difference between  |  |                          | 7              |                        |
| <ul> <li>If box 6 is larger than box<br/>payment coupon (Form OT</li> </ul> |  | unt in box 7. Include a  |                |                        |
| - If box 6 is smaller than box  | x 5, you may have a credit for   |                          |                |                        |
| If the amount in box 7 is -0  | I-, your withholding account b   | balances.                |                |                        |
| xplanation of difference  |  |                          |                |                        |
|   |  |                          |                |                        |
| Include the amount of tax on  | your 1099s unless they hav   | ve a separate account.   |                |                        |
| certify that this report is true ar   | nd correct and is filed updays   | analty of false swooring |                |                        |
|   | na conductante lo mete under p   | conary or raise swearing | Date           |                        |
| gnature   |  |                          | 1              |                        |
|   |  |                          |                |                        |
|   | Title  |                          | Telephone Nu   | mber                   |
| int name  |  |                          | ( )            | mber                   |
| int name  | nt: Mail Form WR separatel   |                          | ( )            | mber                   |
| int name  | int: Mail Form WR separatel<br>Mail Form WR to: Oregon De<br>PO Box 14 | epartment of Revenue     | ( )            | mber                   |

and 1099s that are issued for the year. This form is included with the paper reports (Form OQ) or can be downloaded from the internet at www.oregon.gov/DOR.

# Form PA, Professional Athletic Team Annual Reconciliation Report

Form PA must be filed by all athletic teams that have individuals and athletes rendering services to a professional athletic team if their compensation exceeds \$50,000 in a tax year (pursuant to Senate Bill 5). This law says in part "...a person who transacts business in the State of Oregon and who pays wages, salary, bonuses or other taxable income to a member of a professional athletic team, in lieu of the withholding requirements under ORS 316.167 shall withhold eight percent of the income."

You must submit this form to the Oregon Department of Revenue by April 15th of the year following the payment of wages. See page 9 for the form. Or visit www.oregon.gov/DOR to download the form.

If you have any questions, contact the Department of Revenue at 503-945-8100 or visit our website at www.oregon.gov/DOR/BUS.

## **Closing an account**

If you no longer have employees in the state of Oregon, you must submit a *Change in Status Report* (Form 150-211-157) advising us of the date of your last payroll paid to Oregon employees. See page 11 for the form. Or, visit www.oregon.gov/DOR to download the form.

# Small Business State Tax & Government Agency Contacts

| Oregon Department of Revenue  |
|---|
| Withholding tax questions   |
| Registrations, order forms, change address, etc.                                      |
| Where to file and pay   |
| All payroll reports and payments mail to:   |
| Oregon Department of Revenue  |
| PO Box 14800  |
| Salem OR 97309  |
| Electronic Funds Transfer (EFT)   |
| Other Department of Revenue questions   |
| Toll-free in Oregon1-800-356-4222   |
| <b>Payroll Tax Basics</b> can be found at www.oregon.gov/DOR/BUS/payroll_basics.shtml |
| Register for up-to-date payroll tax information, Payroll Tax News, by e-mail          |
| http://listsmart.osl.state.or.us/mailman/listinfo/payrolltax-news                     |

### **Employment Department**

| General information                    |              |
|--|--------------|
| Questions related to electronic filing | 503-947-1544 |

#### **Department of Consumer and Business Services**

| General information    | 503-378-2372 |
|------------------------|--------------|
| Subjectivity questions | 503-947-7815 |

### Corporation Division of Secretary of State's Office

#### **Transit Districts**

| TriMet Transit Office—boundary questions | 503-962-6466 |
|--|--------------|
| LTD Transit Office—boundary questions    |              |
| Wilsonville Transit (SMART)              |              |
| South Clackamas Transit                  | 503-632-7790 |
| Sandy Transit (Fareless Sam)             | 503-668-7000 |

#### Websites

| State of Oregon          | www.oregon.gov                                 |
|--------------------------|--|
| Department of Revenue    | www.oregon.gov/DOR                             |
| Business in Oregon       | www.oregon.gov                                 |
| Business in Portland     | www.businessinportland.org                     |
| Internal Revenue Service | www.irs.gov                                    |
| Oregon Business Guide    | www.sos.state.or.us/corporation/obg/           |
| Employment Department    | www.oregon.gov/EMPLOY                          |
| Workers' Benefit Fund    | www.oregon.gov/DCBS/FABS/assessment_info.shtml |

OREGON Form PA **PROFESSIONAL ATHLETIC TEAM** NNUAL RECONCILIATION TAX REPORT

| 2006 |
|------|
|------|

**Department Use Only** Date Received

|  |  | A |
|--|--|---|
|  |  |   |

Business Name and Address

Business Identification Number (BIN)

• Please read the instructions on the back before completing this report.

• Do not send W-2s and 1099s. The Oregon Department of Revenue may request certain employers to file W-2 or 1099 forms at a later date to reconcile their account.

| Employee Name | Social<br>Security Number | Oregon<br>Resident?<br>Yes/No | Annual Wages | Number of<br>Duty Days<br>in Oregon | Number of<br>Duty Days<br>for the Year | Oregon<br>Withholding |
|---------------|---------------------------|-------------------------------|--------------|-------------------------------------|--|-----------------------|
| 1             |                           |                               |              |                                     |  |                       |
| 2             |                           |                               |              |                                     |  |                       |
| 3             |                           |                               |              |                                     |  |                       |
| 4             |                           |                               |              |                                     |  |                       |
| 5             |                           |                               |              |                                     |  |                       |
| 6             |                           |                               |              |                                     |  |                       |
| 7             |                           |                               |              |                                     |  |                       |
| 8             |                           |                               |              |                                     |  |                       |
| 9             |                           |                               |              |                                     |  |                       |
| 10            |                           |                               |              |                                     |  |                       |
| 11            |                           |                               |              |                                     |  |                       |
| 12            |                           |                               |              |                                     |  |                       |
| 13            |                           |                               |              |                                     |  |                       |
| 14            |                           |                               |              |                                     |  |                       |
| 15            |                           |                               |              |                                     |  |                       |
| 16            |                           |                               |              |                                     |  |                       |
| 17            |                           |                               |              |                                     |  |                       |
| 18            |                           |                               |              |                                     |  |                       |
| 19            |                           |                               |              |                                     |  |                       |
| 20            |                           |                               |              |                                     |  |                       |

Total subject wages.....

#### IMPORTANT: You must file this report with the Oregon Department of Revenue by April 15, 2007

| Under penalties for false swearing, I declare that I have examined this report, including any accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. |       |                  |  |  |  |
|---|-------|------------------|--|--|--|
| Signature   |       | Date             |  |  |  |
| X   |       |                  |  |  |  |
| Print Name  | Title | Telephone Number |  |  |  |
|   |       | ( )              |  |  |  |

150-206-015 (Rev. 2-07)

| Employee Name | Social<br>Security Number | Oregon<br>Resident?<br>Yes/No | Annual Wages | Duty Days | Number of<br>Duty Days<br>for the Year | Oregon<br>Withholding |
|---------------|---------------------------|-------------------------------|--------------|-----------|--|-----------------------|
| 21            |                           |                               |              |           |  |                       |
| 22            |                           |                               |              |           |  |                       |
| 23            |                           |                               |              |           |  |                       |
| 34            |                           |                               |              |           |  |                       |
| 25            |                           |                               |              |           |  |                       |
| 26            |                           |                               |              |           |  |                       |
| 27            |                           |                               |              |           |  |                       |
| 28            |                           |                               |              |           |  |                       |
| 29            |                           |                               |              |           |  |                       |
| 30            |                           |                               |              |           |  |                       |

#### INSTRUCTIONS

#### **Filing requirements**

All professional athletic teams that transact business in the state of Oregon are required to file Form PA, *Oregon Professional Athletic Team Annual Reconciliation Tax Report*. The 2006 form, which begins the reporting period on January 1, 2006 and ends December 31, 2006, is due on April 15, 2007.

All professional athletic teams who fail to file Form PA may be charged a penalty.

#### How to amend Form PA

To amend data on your Form PA, make a copy of the original Form PA. Then make the necessary changes on the copy. Write "Amended" at the top of the form. Send your amended form to the address below.

#### How to fill out Form PA

Write your business name, address, and Oregon business identification number (BIN) in the spaces shown.

In the columns provided, enter all members' and employees' names and Social Security numbers that were compensated \$50,000 or more in a tax year.

In the next column, indicate if the member or employee is an Oregon resident with a "Yes" or "No."

The 2006 tax year for reporting annual wages will include wages earned from January 1, 2006 through December 31, 2006.

List the number of duty days in Oregon for each member or employee.

List the number of duty days for each member or employee for the year.

In the last column, indicate the amount of Oregon state withholding for each employee or member for the year.

Indicate the total subject wages for all employees or members in the box.

If the provided amount of lines is insufficient to report all members and employees, please attach a separate sheet of paper listing the same information as requested on the form.

Sign and date your completed Form PA. Print your name and telephone number. Mail Form PA to:

#### Oregon Department of Revenue PO Box 14260 Salem OR 97309-5060

#### Taxpayer assistance

| General tax information www<br>Salem<br>Toll-free from an Oregon prefix  |                |  |  |
|--|----------------|--|--|
| Asistencia en español:   |                |  |  |
| Salem  |                |  |  |
| Gratis de prefijo de Oregon  | 1-800-356-4222 |  |  |
| TTY (hearing or speech impaired; ma  | chine only):   |  |  |
| Salem  |                |  |  |
| Toll-free from an Oregon prefix  | 1-800-886-7204 |  |  |
| <b>Americans with Disabilities Act (ADA):</b> Call one of the help numbers for information in alternative formats. |                |  |  |

| CHANGE IN STATUS REPORT | · If you have workers' compensation insuranc | e, you must also notify your insurer. |
|-------------------------|--|---------------------------------------|
|-------------------------|--|---------------------------------------|

| _                     |   |                       |                         |   |                            | Department Use Only                            |
|-----------------------|---|-----------------------|-------------------------|---|----------------------------|--|
| number, or federa     | ss name, mailing addı<br>I employer identificatior<br>this box and fill in the ch | n number (FEIN)       |                         | s where your forms are<br>ed? Check this box and<br>e(s) below. |                            | received<br>is when completed                  |
| Business Name         |   |                       |                         |   | IIIItia                    | is when completed                              |
| Physical or           |   |                       |                         |   |                            |  |
| Mailing Address       |   |                       |                         |   | n Business                 |  |
| Telephone Number      | ( )   |                       |                         | Identification Nu   | imber (BIN)<br>al Employer |  |
| FEIN                  |   |                       |                         | Identification Nur  |                            |  |
|                       |   |                       |                         |   | Fax to                     | 503-947-1700<br>-or-                           |
| NATURE OF CHANG       | E: (Please check as app   | propriate) If an en   | tity change, see instr  | ructions.   | Mail to                    | Employment Department                          |
| A. Sold, leased, or   | r otherwise transferred:  | □ All or □ F          | Part of the business,   | to:   |                            | 875 Union St NE, Rm 107<br>Salem OR 97311-0030 |
|                       | e:  |                       |                         |   | _                          | ale:   |
| New Owner's N         | lame:   |                       |                         |   | _ Telephone                | ə: ( )   |
|                       |   |                       |                         |   |                            |  |
| Was business of       | operating at the time it v  | vas sold, leased,     | or otherwise transfer   | red? 🗌 Yes 🗌 No   |                            |  |
| If only part of th    | ne business was transfe   | rred, describe wh     | at was transferred:     |   |                            |  |
| How many emp          | oloyees were transferred  | 1?                    |                         |   | _                          |  |
| B. Partnership forn   | ned or changed. Explain   | on a separate sh      | eet and attach along    | with a Combined Emp   | loyer's Regis              | stration form for a new partnership.           |
|                       |   |                       | rations                 |   |                            |  |
| ·                     |   | ·                     |                         | with a Combined Emp   | lovor'o Pogi               | stration form for a new corporation.           |
|                       |   | -                     | 5                       | •   | ioyei s negi               | stration form for a new corporation.           |
|                       | fficers (attach a list of of  | licers with 55NS, I   | nome addresses, and     | i phone numbers).   |                            |  |
|                       |   |                       |                         |   |                            |  |
| Entity change         | e from:   |                       | То:                     |   |                            |  |
| D. Now doing bus      | iness in: 🗌 TriMet ar   | nd/or 🗌 Lane Tr       | ansit District Effectiv | e Date:   |                            |  |
|                       | g business in: 🗌 TriMe  |                       |                         |   |                            |  |
| F. Partnership, LL    | .C/LLP, or sole proprieto   | or operating witho    | ut employees.           |   |                            |  |
| G. Now using leas     | ed employees: Name of   | f leasing company     | y                       |   | _ Date emp                 | loyees transferred:                            |
| Total number o        | f employees prior to tra  | nsfer                 |                         |   | _ How man                  | y employees transferred?                       |
| Note: Corporat        | ss or no longer doing bu<br>te officers and members<br>f these individuals are c  | s of limited liabilit | ty companies are en     | nployees for some tax   | programs,                  | but not in others. Check with each             |
| Date of final payroll | L   | _ocation of termin    | ated business' recor    | rds: Name:  |                            |  |
| Address               |   |                       |                         |   |                            |  |
|                       | ill be necessary for me<br>extent of my employme                                  |                       | nd pay taxes if at an   | y time I resume opera   | ting, even t               | hough in a different line of business          |
| Signature X           |   | Title                 |                         | Date  | Teleph                     | one No.()                                      |

150-211-157 (Rev. 12-06)

#### **Change in Status Report Instructions**

As an employer you must notify the Employment Department, the Department of Revenue, and your workers' compensation insurer of any change in your business.

# Examples of changes to report on the *Change in Status Report* are:

- Address change.
- Name change.
- Federal employer identification number (FEIN) change, only if printed incorrectly on your forms.
- Dissolution of sole proprietor, partnership, corporation, or a limited liability company.

**NOTE:** New businesses need to complete a Combined Employers Registration.

- Partial or complete sale, lease, or transfer of business.
- Change in corporate officers or partnership.
- Using leased employees.
- Closing or beginning operations in a transit district:
- —If you are an employer who is paying wages earned in the TriMet and/or Lane Transit District you must register and file with the Oregon Department of Revenue. Wages include all salaries, commissions, bonuses, fees, payments to a deferred compensation plan, or other items of value.
- —If you are an employer who has recently started working in the TriMet and/or Lane Transit District, you are subject to this tax (see the Oregon Combined Payroll Tax booklet for cities and ZIP codes).

- —If you are an employer who has recently moved from the TriMet and/or Lane Transit District, you are no longer subject to this tax (see the Oregon Combined Payroll Tax booklet for cities and ZIP codes).
- The TriMet District includes parts of three counties in the Portland metro area: Multnomah, Washington, and Clackamas. For TriMet boundary questions call 503-962-6466.
- —Lane Transit District (LTD) serves the Eugene-Springfield metro area. For LTD boundary questions call 541-682-6100.
- Closing the business completely.

Entity changes in your business that require completion of a new *Combined Employers Registration* form include, but are not limited to:

- Changing from a sole proprietorship to a partnership or corporation.
- Changing from a partnership to a sole proprietorship or corporation.
- Changing from a corporation to a sole proprietorship or partnership.
- Changing of members in a partnership of five or fewer partners.
- Adding or removing a spouse as a liable owner.
- Changing from a sole proprietor, corporation, or partnership to a limited liability company.

## Complete the "Change In Status Report" and

# Fax to: 503-947-1700

– or –

# Mail to: Employment Department 875 Union St. NE, Rm 107 Salem OR 97311-0030

To order additional copies of this form, contact the Employment Department or download it from the Internet at: **www.oregon.gov/DOR.** 



### WITHHOLDING PAYMENT DUE DATES

• Due dates for making withholding tax deposits for Oregon are the same as due dates for depositing your federal tax liability.

### WITHHOLDING TAX

The withholding tables have been updated effective January 1, 2007. To figure the amount of tax to withhold from an employee's wages:

- Use the Oregon Withholding Tax Tables. This information is available on the internet at www.oregon.gov/DOR/BUS/docs/206-430-03.pdf. If you do not have internet access, you may call 503-945-8091 or 503-378-4988.
- For computer payroll systems, use the percentage formula in the *Withholding Tax Percentage Formula*, available on the internet at www.oregon.gov/DOR/BUS/docs/206-677.pdf.
- The updated Oregon Withholding Tax Tables reflect the last phase of increasing the federal tax subtraction to \$5,500. Employees may notice a small change in the amount of Oregon tax withheld. To adjust for too much or too little tax withheld, please see publication 150-206-643, *Oregon Income Tax Withholding*. It's available on the internet at www.oregon.gov/DOR/BUS/IC-206-643.shtml.

### TRANSIT INFO-TRIMET AND LTD

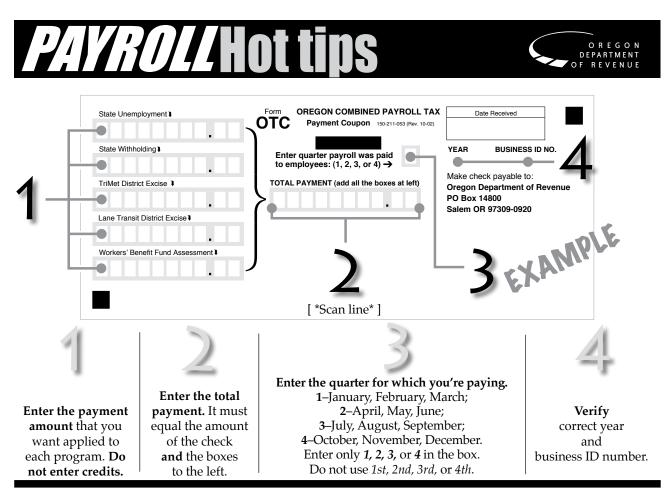
- If you have employees physically working in either the TriCounty Metropolitan Transportation District or the Lane County Transit District, even if the employee works from their home, and you are not an exempt employer, you must file and pay transit taxes.
- For complete information and 2007 rates, please visit our website at www.oregon.gov/DOR/BUS.

### **EFT INFO**

- EFT (electronic funds transfer) is offered as an alternative for paying combined payroll taxes.
- Note: You will not receive OTC coupons if you pay using EFT.
- Information is available on the internet under "Electronic Services" from the Department of Revenue's homepage, www.oregon.gov/DOR/ESER/index.shtml.
- If you have additional questions or don't have computer access, call our EFT Help/Message Line at 503-947-2017. Fax us at 503-947-2016, or write us at EFT Coordinator, Oregon Department of Revenue, PO Box 14725, Salem OR 97309-5018.

### PAYMENT COUPON INFO (IF NOT USING EFT)

- You must include a payment coupon (form OTC) with each combined payroll tax payment you make. This includes payments made with your Oregon Quarterly Tax Report (form OQ) (see coupon example on the back). If you amend an Oregon Quarterly Tax Report and have a payment due, include an OTC with your amended report.
- If you don't carefully complete all the required items on the coupons, your payment may not be applied correctly.
- The form OTC is a payment coupon only. It is not to be used as a Quarterly Tax Report. The OTC allows us to correctly apply your payment.
- Never include credits on your coupon. If you have a credit, send a written request along with a copy of form OQ to the agency that handles the program that has the credit. Include your account name, BIN, tax program, quarter, and year where the credit exists. Give the same information for where you want the credit applied. Also include any notices or memos you've received about the credit.
- Never use altered coupons. Please call 503-945-8091 or visit www.oregon.gov/DOR/BUS to order additional coupons if needed.



#### **AUTOMATED SCANNING\***

Like most organizations, the Department of Revenue uses automated scanning equipment to streamline payment processing. Our scanning system is a tremendous time-saver; it can read and record your payment in the blink of an eye.

\*The scan line contains the business ID number. For your payment to process correctly, please do not alter coupons.

You can help us be even more efficient in processing your payment by following these simple guidelines:

- Write legibly with blue or black ink.
- When you return your check and coupon, please don't staple, clip, or tape them together.

• See the example to the right for the best way to write numbers on your coupon and check so the scanning equipment can read them.

• Use the correct year coupon to ensure payment is posted correctly.



573.00

573.-

#### **QUESTIONS?**

| General tax information: |                                       |                |  |  |  |
|--------------------------|---------------------------------------|----------------|--|--|--|
| Telephone:               | Salem<br>Toll-free from Oregon prefix |                |  |  |  |
|                          | Ion-nee nom Oregon pienx              | 1-800-330-4222 |  |  |  |

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free from Oregon prefix).

**Americans with Disabilities Act (ADA):** This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free from Oregon prefix).

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VES

Asistencia en español. Llame al 503-945-8618 en Salem o llame gratis de prefijo de Oregon al 1-800-356-4222.