STATE OF OREGON
EMPLOYMENT DEPARTMENT
875 UNION ST NE
SALEM OR 97311-0030

2007 PRINTOUT SPECIFICATIONS FOR EMPLOYEE DETAIL REPORT (FORM 132)

To meet the Employee Detail Report (Form 132) format requirements, data must be printed on the form or on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the below specifications. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine.

To verify data is in the correct positions, compare your printout to the enclosed form. All data should be in the exact order, position, and spacing as found on the Form 132.

Printing is six vertical lines per inch and ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, print the Employee Detail Report according to the following specifications:

Item	Print Line(s)	Print Positions	Print Formats
Form Code	4	77 – 81	33333
Business Name	5, 6	4 – 33	Left Justify
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Qtr/Year	6	77 – 80	N/NN
Total Subject Wages	8	26 – 38	NNNNNNNNNN.NN First Page Only
Social Security Number (Employee)	12, 14, 16, 18, 20, 22, 24 26, 28, 30, 32, 34, 36, 38 40, 42, 44, 46, 48, 50	22 – 32	NNN-NN-NNNN
Employee First Initial	12, 14, 16, 18, 20, 22, 24 26, 28, 30, 32, 34, 36, 38 40, 42, 44, 46, 48, 50	39	First Initial
Employee Last Name	12, 14, 16, 18, 20, 22, 24 26, 28, 30, 32, 34, 36, 38 40, 42, 44, 46, 48, 50	43 – 60	Last Name
Number of Hours Worked	12, 14, 16, 18, 20, 22, 24 26, 28, 30, 32, 34, 36, 38 40, 42, 44, 46, 48, 50	63 – 65	NNN
Total Subject Wages	12, 14, 16, 18, 20, 22, 24 26, 28, 30, 32, 34, 36, 38 40, 42, 44, 46, 48, 50	69 – 79	NNNNNNNN.NN Right Justify; Left Space Fill
Page Total	52	67 - 79	NNNNNNNNNN.NN Right Justify; Left Space Fill

STATE OF OREGON
EMPLOYMENT DEPARTMENT
875 UNION ST NE
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2007 PRINTOUT SPECIFICATIONS FOR OREGON SCHEDULE B

To meet the Oregon Schedule B format requirements, data must be printed on the form or on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the below specifications. The print must be clear, black, and distinct. Use a 12 point Courier font. <u>The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine</u>.

To verify data is in the correct positions, compare your printout to the enclosed form. All data should be in the exact order, position, and spacing as found on the Oregon Schedule B.

Printing is six vertical lines per inch and ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, print the Oregon Schedule B according to the following specifications:

Item	Print Line(s)	Print Positions	Print Formats
Form Code	4	77 – 81	22222
Business Name	5, 6	4 – 33	Left Justify
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Qtr/Year	6	77 – 80	N/NN
<u>Data Items for First Month Dates</u>			
1st day thru 7th day	10, 12, 14, 16, 18, 20, 22	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8th day thru 14th day	10, 12, 14, 16, 18, 20, 22	24 – 32	NNNNNN.NN Right Justify; Left Space Fill
15th day thru 21st day	10, 12, 14, 16, 18, 20, 22	40 – 48	NNNNNN.NN Right Justify; Left Space Fill
22nd day thru 28th day	10, 12, 14, 16, 18, 20, 22	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29th day thru 31st day	10, 12, 14	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 1st Month (A)	24	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
<u>Data Items for Second Month Dates</u>			
1st day thru 7th day	26, 28, 30, 32, 34, 36, 38	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8th day thru 14th day	26, 28, 30, 32, 34, 36, 38	24 – 32	NNNNNN.NN Right Justify; Left Space Fill
15th day thru 21st day	26, 28, 30, 32, 34, 36, 38	40 – 48	NNNNNN.NN Right Justify; Left Space Fill

Data Items for Second Month Dates - Continued

22nd day thru 28th day	26, 28, 30, 32, 34, 36, 38	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29th day thru 31st day	26, 28, 30	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 2nd Month (B)	40	70 – 78	NNNNNN.NN Right Justify; Left Space Fill

Data Items for Third Month Dates

1st day thru 7th day	42, 44, 46, 48, 50, 52, 54	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8th day thru 14th day	42, 44, 46, 48, 50, 52, 54	24 – 32	NNNNNN.NN Right Justify; Left Space Fill
15th day thru 21st day	42, 44, 46, 48, 50, 52, 54	40 – 48	NNNNNN.NN Right Justify; Left Space Fill
22nd day thru 28th day	42, 44, 46, 48, 50, 52, 54	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29th day thru 31st day	42, 44, 46	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 3rd Month (C)	56	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total for Quarter	58	70 – 78	NNNNNN.NN Right Justify; Left Space Fill

1/11/2007

STATE OF OREGON
EMPLOYMENT DEPARTMENT
875 UNION ST NE
SALEM OR 97311-0030

2007 PRINTOUT SPECIFICATIONS FOR OREGON QUARTERLY TAX REPORT (FORM OQ)

To meet the Oregon Quarterly Tax Report (Form OQ) format requirements, data must be printed on the form or on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the below specifications. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine.

To verify data is in the correct positions, compare your printout to the enclosed form. All data should be in the exact order, position, and spacing as found on the Form OQ.

Printing is six vertical lines per inch and ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, print the Oregon Quarterly Tax Report according to the following specifications:

Item	Print Line(s)	Print Positions	Print Formats
Business Name	4 – 9	4 – 33	Left Justify
Form Code	4	77 – 81	11111
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Qtr/Year	6	77 – 80	N/NN
Return Due By	8	63 – 78	M,DD,YYYY
Federal EIN	10	12 – 21	NN-NNNNNNN
North American Industrial Classification System (NAICS)	12	51 – 56	Pre-Assigned Leave Blank if Code Unknown
No. of Covered Workers (1st Month of Quarter)	16	23 – 28	NNNNNN
No. of Covered Workers (2nd Month of Quarter)	16	38 – 43	NNNNNN
No. of Covered Workers (3rd Month of Quarter)	16	53 – 58	NNNNNN
No. of Covered Workers Total (1st + 2nd + 3rd)	16	68 – 73	NNNNNN
Subject Wages	22	23 – 35	Unemployment Insurance (UI)
Subject Wages	22	38 – 50	Withholding Tax
Subject Wages	22	53 – 65	TriMet Transit District
Subject Wages	22	68 – 80	Lane Transit District
Wages over $29,000 Per year per employee	24	23 – 35	UI only

Taxable Wages	26	23 – 35	UI only
UI Tax Rate	28	23 – 27	.NNNN UI Tax Rate Assigned – Call 503-947-1488 if subject to UI tax and there is no preprinted rate
TriMet Tax Rate	28	53 – 59	.006518 (for 2007)
Lane Transit Tax Rate	28	68 – 71	.0062 (for 2007)
Tax	30	23 – 35	UI Tax
Tax	30	38 – 50	Withholding Tax
Tax	30	53 – 65	TriMet Tax
Tax	30	68 – 80	Lane Transit Tax
Tax Already Paid	32	23 – 35	UI Tax Already Paid
Tax Already Paid	32	38 – 50	Withholding Tax Already Paid
Tax Already Paid	32	53 – 65	TriMet Tax Already Paid
Tax Already Paid	32	68 – 80	Lane Transit Tax Already Paid
UI Penalty and Interest	34	23 – 35	If Applicable (see instructions)
Total Tax Due	36	23 – 35	Total UI Tax Due
Total Tax Due	36	38 – 50	Total Withholding Due
Total Tax Due	36	53 – 65	Total TriMet Due
Total Tax Due	36	68 – 80	Total Lane Transit Due
Total Payment Due	40	68 – 80	NNNNNNNN.NN Right Justify
Workers Benefit Fund No. of Hours Worked	42	30 – 35	NNNN Right Justify
WBF Assessment Rate	44	23 – 27	.028 (for 2007)
WBF Assessment	46	23 – 35	Total WBF Assessment Due
Assessment Already Paid	48	23 – 35	Assessment Paid this Quarter
Total Assessment Due	50	23 – 35	Assessment Remaining to be Paid
1st Month Withholding Tax	58	23 – 35	NNNNNNNN.NN
2nd Month Withholding Tax	58	38 – 50	NNNNNNNN.NN
3rd Month Withholding Tax	58	53 – 65	NNNNNNNN.NN
Total Withholding Tax	58	68 – 80	NNNNNNNN.NN Right Justify
Prepared By	62	4 – 48	AAAAAAAAAAAAAAAAAAAAAAAA
Date	62	51 – 58	MM-DD-YY
Preparer Telephone Number	62	61 – 80	NNN-NNN-NNNN x NNNNN

2007 PRINTOUT SPECIFICATIONS FOR OREGON QUARTERLY TAX REPORT (FORM OQ-WBF)
(Used by employers who are only subject to Workers' Compensation Workers Benefit Fund (WBF) Assessment)

To meet the Oregon Quarterly Workers' Compensation Tax Report (Form OQ-WBF) format requirements, data must be printed on the form or on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the below specifications. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine.

To verify data is in the correct positions, compare your printout to the enclosed form. All data should be in the exact order, position, and spacing as found on the Form OQ-WBF.

Printing is six vertical lines per inch and ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, print the Oregon Quarterly Workers' Compensation Tax Report according to the following specifications:

Item	Print Line(s)	Print Positions	Print Formats
Business Name	4 – 9	4 – 33	Left Justify
Form Code	4	77 – 81	11111
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Qtr/Year	6	77 – 80	N/NN
Return Due By	8	63 – 78	M,DD,YYYY
Federal EIN	10	12 – 21	NN-NNNNNNN
WBF # of hours worked	42	30 – 35	NNNN Right Justify
WBF Assessment Rate	44	23 – 27	.028 (for 2007)
WBF Assessment	46	23 – 35	Total WBF Assessment Due
Assessment Already Paid	48	23 – 35	Assessment Paid this Quarter
Total Assessment Due	50	23 – 35	Assessment Remaining to be Paid
Prepared By	62	4 – 48	AAAAAAAAAAAAAAAAAAAAAAAAA
Date	62	51 – 58	MM-DD-YY
Preparer Telephone Number	62	61 – 80	NNN-NNN-NNNN x NNNNN