

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

2007 PRINTOUT SPECIFICATIONS FOR EMPLOYEE DETAIL REPORT (FORM 132 DOMESTIC)

To meet the Employee Detail Report (Form 132 Domestic) 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. Testing has shown that reports are read much more accurately if prepared using capital letters rather than changing cases or using lower case. Use CAPITAL LETTERS ONLY.

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 Domestic.

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:

<u>Item</u>	<u>Print Line(s)</u>	<u>Print Positions</u>	<u>Print Formats</u>
Form Title	3	32 – 55	FORM 132 DOMESTIC - 2007
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
SALEM OR 97311-0030

2007 PRINTOUT SPECIFICATIONS FOR OREGON ANNUAL TAX REPORT (FORM OA DOMESTIC)

To meet the Oregon Annual Tax Report (Form OA Domestic) 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. Testing has shown that reports are read much more accurately if prepared using capital letters rather than changing cases or using lower case. Use CAPITAL LETTERS ONLY.

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 OA Domestic.

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 Annual Tax Report according to the following specifications:

<u>Item</u>	<u>Print Line(s)</u>	<u>Print Positions</u>	<u>Print Formats</u>
Form Title	3	32 – 54	FORM OA DOMESTIC - 2007
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 (1 st Month of Quarter)	16	23 – 28	NNNNNN
No. of Covered Workers (2 nd Month of Quarter)	16	38 – 43	NNNNNN
No. of Covered Workers (3 rd Month of Quarter)	16	53 – 58	NNNNNN
No. of Covered Workers Total (1 st + 2 nd + 3 rd)	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

2007 PRINTOUT SPECIFICATIONS FOR OREGON ANNUAL TAX REPORT (FORM OA DOMESTIC) - Continued

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 – 72	.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	NNNNNN Right Justify
WBF Assessment Rate	44	23 – 27	.0280 (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
1 st Month Withholding Tax	58	23 – 35	NNNNNNNN.NN
2 nd Month Withholding Tax	58	38 – 50	NNNNNNNN.NN
3 rd Month Withholding Tax	58	53 – 65	NNNNNNNN.NN
Total Withholding Tax	58	68 – 80	NNNNNNNN.NN Right Justify
Prepared By	62	4 – 48	AAAAAAAAAAAAAAAAAAAAAAAAA
Date	62	51 – 58	MM-DD-YY
Preparer Telephone Number	62	61 – 80	NNN-NNN-NNNN x NNNNN