BUSINESS NAME:

FORM 132 – DOMESTIC – 2002

UNEMPLOYMENT INSURANCE
OREGON ANNUAL WAGE DETAIL REPORT

Business Identification Number

1. TOTAL SUBJECT ANNUAL WAGE _____

Total must equal the total wages for all four quarters. Use this total for line 1A Form OA.

2. Social Security Number	3. Name of Employee Initial Last Name	1ST QUARTER Ending March 31 4.Hours	5.Wages	2ND QUARTER Ending June 30 4.Hours	5.Wages	3RD QUARTER Ending Sept 30 4.Hours	5.Wages	4TH QUARTER Ending Dec 31 4.Hours	5.Wages
6. Total Wages For The Quarter(s)									

NOTE: All annual employers must complete this page. Failure to report all employees with correct Social Security numbers or failure to accurately report whole hours worked may result in penalties. Data entered on this form must be entered exactly where designated on this form. Submitting reports not in correct format may result in penalties. To order additional Form 132 Annual Wage Detail Reports call (503) 947-1488 opt. 3. Form 132 Domestic Annual (10-02)