

# FORM OA – DOMESTIC - 2002

**BUSINESS NAME: OREGON ANNUAL TAX REPORT**

Business  
Identification Number

This return is due by:

Federal EIN \_\_\_\_\_

North American Industry  
Classification System

Date Received:

If mailing address, name or Federal EIN is wrong, complete  
"Change in Status Report" found in the instruction booklet.

Using 4th quarter totals, report the number of workers covered for Unemployment insurance who worked during or received pay for the period which includes the 12th of the month. (see instruction booklet)

OCTOBER	NOVEMBER	December	Total

Place a -0- in "subject wages" box of a program for which employer is subject, but there was no payroll this year.

### UNEMPLOYMENT INSURANCE Column A

### STATE WITHHOLDING Column B

1. <b>Subject wages . . . .</b>	
2. <b>Excess wages . . . .</b> <small>(Wages over \$25,000 per employee)</small>	
3. <b>Taxable wages . . . .</b> <small>(Box 1A minus Box 2A)</small>	
4. <b>Tax rate. . . . .</b>	
5. <b>Tax . . . . .</b> <small>(Box 3A times Box 4A)</small>	
6. <b>Less: Oregon Tax prepaid.</b>	
7. <b>Plus: UI penalty and interest owed . .</b>	
8. <b>Total Tax Due . . . .</b> <small>(Box 5A less Box 6A plus Box 7A)</small>	

1. <b>Subject wages . . . .</b>	
5. <b>Tax . . . . .</b> <small>(Must enter tax for year)</small>	
6. <b>Less: Oregon Tax prepaid</b>	
8. <b>Total Tax Due. . . .</b> <small>(Box 5B less Box 6B)</small>	

### WORKERS' BENEFIT FUND (WBF) ASSESSMENT

Put -0- in Boxes 9 & 11 if there were no subject hours worked in the year.

9. <b>Number of hours worked</b> <small>(whole hours only)*</small>	
10. <b>WBF assessment rate</b>	.036
11. <b>Total assessment</b> <small>(Box 9 times Box 10)</small>	
12. <b>Less: Assessment prepaid</b>	
13. <b>Total Assessment Due</b>	

### 14. TOTAL PAYMENT DUE

- Add Boxes 8A, 8B, and 13.
- Make checks payable to "Oregon Department of Revenue."
- Only add amounts due. Do not add credits in one program to offset taxes owed in another program
- **Include payment coupon (Form OTC)**

\*Report only hours subject to WBF assessment. Hours do not need to equal hours reported on Form 132.

I certify this report is true and correct and is filed under penalty of false swearing.

Signature **X**  
Required

Prepared by

Date

Preparer Telephone Number

( )

MAIL TO: OREGON DEPARTMENT OF REVENUE: PO BOX 14800, SALEM, OR 97309-0920