

FORM OA – DOMESTIC - 2002

BUSINESS NAME: OREGON ANNUAL TAX REPORT

Business
Identification Number

This return is due by:

Federal EIN _____

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

North American Industry
Classification System

Date Received:

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

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

STATE WITHHOLDING Column B

1. Subject wages	
5. Tax <small>(Must enter tax for year)</small>	
6. Less: Oregon Tax prepaid	
8. Total Tax Due. . . . <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. Number of hours worked <small>(whole hours only)*</small>	
10. WBF assessment rate	.036
11. Total assessment <small>(Box 9 times Box 10)</small>	
12. Less: Assessment prepaid	
13. Total Assessment Due	

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

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		1ST QUARTER Ending March 31		2ND QUARTER Ending June 30		3RD QUARTER Ending Sept 30		4TH QUARTER Ending Dec 31	
	Initial	Last Name	4.Hours	5.Wages	4.Hours	5.Wages	4.Hours	5.Wages	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)