

Combined Employer's Registration

See instructions below

You can register online with the Oregon Business Registry (OBR) at <https://secure.sos.state.or.us/cbrmanager/>

For agency use only

BIN

Business name*			Type of ownership (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-chapter S Corp. <input type="checkbox"/> Sole Prop. (Individual) <input type="checkbox"/> LLP (Limited Liability Part.) <input type="checkbox"/> Partnership—General <input type="checkbox"/> Partnership—Limited <input type="checkbox"/> Pension and Annuity <input type="checkbox"/> Trust / Estate			LLC (Limited Liability Co.) recognized by IRS as a: <input type="checkbox"/> Corp, or <input type="checkbox"/> Individual (Sole Prop.), or <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit 501(c)(3) (attach federal exemption) <input type="checkbox"/> Other Nonprofit			<input type="checkbox"/> Government—Local <input type="checkbox"/> Government—State <input type="checkbox"/> Government—Federal <input type="checkbox"/> Political Campaign <input type="checkbox"/> Other (describe below):		
Assumed business name											
Federal employer identification number (FEIN)*											
Business telephone number		Fax number									
Ext.											
Contact person authorized to discuss your payroll account with us			<input type="checkbox"/> Recognized Indian Tribe								
Contact's telephone number			Nature and principal products of your business (i.e., retail—men's clothing; services—janitorial; etc.). Be specific.								
Ext.											
Business mailing address			Check if any employees are: <input type="checkbox"/> Agricultural <input type="checkbox"/> Working on fishing vessels <input type="checkbox"/> Domestic (in-home workers) <input type="checkbox"/> Courtesy Withholding								
City			State		ZIP code		Does any domestic worker request withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No				
E-mail address <input type="checkbox"/> Check here to authorize us to initiate e-mail exchange of tax information.			Type of return to be filed (see instructions) <input type="checkbox"/> OQ (Oregon Quarterly) <input type="checkbox"/> WA (Federal 943 filers only) <input type="checkbox"/> OA (Domestic)								
Physical address where work is performed in Oregon* <input type="checkbox"/> Employee home address			Withholding Tax Must be completed →		Enter number of employees (approximate) LLC Member _____ Owner/Officer _____ Employees _____						
					Date employees were/will first be paid for work in Oregon* Month _____ Day _____ Year _____						
City			State		ZIP code		Transit Tax Are employees working in these areas? (see instructions) <input type="checkbox"/> TriMet (Portland and surrounding metropolitan areas) <input type="checkbox"/> LTD (Eugene and Springfield areas) Date employees first paid for services performed within district(s) TriMet _____ LTD _____				
Do you have any other locations in Oregon? <input type="checkbox"/> No <input type="checkbox"/> Yes, list additional locations on a separate sheet & attach to this form			Unemployment Tax		In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor? (see instructions) Quarter _____ Year _____ Date first Oregon employee was/will be hired Month _____ Day _____ Year _____						
Off site payroll service, accountant, or bookkeeper (attach Power of Attorney form)											
Contact person at the off site payroll service, accountant, or bookkeeper			Workers' Benefit Fund Assessment		Employees need to be covered by a workers' compensation (WC) policy? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I choose to have coverage (Check the reason you don't need a WC policy) <input type="checkbox"/> No, employees are covered by federal WC <input type="checkbox"/> No, only owners/corporate officers <input type="checkbox"/> No, other (explain) _____						
Telephone No.											
Mailing address for off site payroll service (send: <input type="checkbox"/> forms <input type="checkbox"/> billings to this address?)			C/O								
City					State		ZIP code				
Bank reference/branch address											
Did you acquire/transfer all <input type="checkbox"/> Yes <input type="checkbox"/> No or part <input type="checkbox"/> Yes <input type="checkbox"/> No of the Oregon business operations of an ongoing business? How many employees transferred? _____			Date of acquisition		FEIN or BIN of acquired business						
List acquired business name, previous owner, and telephone number											

Identification of owners, partners, corporate officers, etc. (List additional owners on a separate sheet and attach to this form)

Social Security number*	FEIN	Telephone number	Social Security number*	FEIN	Telephone number
Name			Name		
Home address			Home address		
City	State	ZIP code	City	State	ZIP code
Responsible for: <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Hiring/firing <input type="checkbox"/> Determining which creditors to pay first			Responsible for: <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Hiring/firing <input type="checkbox"/> Determining which creditors to pay first		

Authorization

I certify the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Signature	Date	Signature	Date
X		X	

*Must be filled in as required by
OAR 150-305.100.

Fax to: 503-947-1528 or Mail to: **Oregon Employment Department**
875 Union St NE Rm 107
Salem OR 97311

Retain a copy for your records.