



Oregon State Income Tax Withholding Exemption Form
Request for Exemption from Oregon State Withholding

Employee Name: Last, First Middle Initial
Social Security #:

Home Address: Address Street Name Apt# (if applicable)
City, State, Zip Code: City, State Zip Code

Check box if physical location is the same as home address
Physical Location of Employment: Address Street Name Apt# (if applicable)
City, State, Zip Code: City, State Zip Code
Dates of Employment during tax year (2020):
Expected frequency and periods of travel to Oregon

I request exemption from Oregon State tax withholding. I neither reside in nor expect to reside in the State of Oregon. My place of employment is in another state or area away from Oregon.

Signature of Employee Date 940 (SOU ID #)