2025 Form OR-W-4						Office use only	
Page 1 of 1, 150-101-402		 Oregon Department of Revenue 	19612501010000				
(Rev. 08-08-24, ve	,	statement and Exemption Ce	rtificato				
			lincale				
First name	Initial	Last name	Social Security number (SSN)	Red	eterminati	on	
Address			City		State	ZIP code	
•	•	a certain number of allowances or a		• •	•		
Oregon Departn	nent of Reve	nue. Your employer may be required	to send a copy of this form	to the depart	ment foi	r review.	
1. Select one	: Singl	e 🗌 Married 🗌 Married, t	out withhold at the higher s	ingle rate.			
Note: Sele	ct "Single" if	you're married but legally separated o	or your spouse is a non-U.S	6. citizen witho	ut perm	anent resident status.	
2. Allowance	s Total num	ber of allowances you're claiming on	line A4 B15 or C5				
		e instructions. If you skip the worksh		nter 0	2.		
3. Additional amount, if any, you want withheld from each paycheck					3.	• 0 0	
4. Exemption	n from withh	olding. I certify my wages are exemp	ot from withholding and I m	eet			
•		ption as stated on page 2 of the instruc	•				
Enter your exemption code. (See instructions) 4a					a.		
 Write "Ex 	empt"			4	b		
Sign here. Und	er penalty of	false swearing, I declare the informat	ion provided is true, correc	t, and comple	ete.		
Employee signature (This form isn't valid unless signed.)							
Employer use only. Employer name		1	Federal employer identification nur	nber (FEIN)			
	Western Or	estern Oregon University			72887845		
Employer address	345 Monm	outh Ave. N.	City Monmouth		State OR	ZIP code 97361	

-Submit this form to your employer-

97361