Premier
Financial Management Services

OREGON VETERAN DIRECTED CARE WORKER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
Worker Start-Up Form	Required
Relationship Form	Required
Live-In Exemption Form	Required
Form W-4: Federal withholding	Required
Form OR-W-4: State Withholding	Required
Form I-9: Employment Eligibility Verification	Required
Background Check Release Form	Required
Rate Agreement	Required
Payment Election Form	Required
Oregon VDC Employment Application	Required
Oregon VDC Employment Agreement	Required

NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing

If you have any questions with the forms, contact Premier at 855-852-6161.

Premier
FINANCIAL MANAGEMENT SERVICES

OREGON VETERAN DIRECTED CARE WORKER SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Both the worker and the Veteran, or the Veteran's Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to Premier Financial Management Services (PremierFMS) via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

SECTION 1: WORKER'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____ Work #: _____

Email Address: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

SECTION 2: VETERAN'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____ Work #: _____

Email Address: _____ Date of Birth: _____ / _____ / _____

EMPLOYER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at: 855-852-6161.

Worker Signature: _____ Date: _____ / _____ / _____

Veteran/Authorized Representative Signature: _____ Date: _____ / _____ / _____

Premier
FINANCIAL MANAGEMENT SERVICES

OREGON VETERAN DIRECTED CARE RELATIONSHIP FORM

Instructions: Please fill out all of the information in Section 1 and select the correct relationship in Section 2. Both the worker and the Veteran, or the employer, must sign and date the bottom to be considered complete. Please submit the completed form to PremierFMS via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

SECTION 1:

Worker Name: _____ Date of Birth: ___ / ___ / ___

Veteran Name: _____

Authorized Representative Name: _____

SECTION 2: *(Please select your legal relationship to the employer)*

- ☐ Parent*±
- ☐ Spouse*±
- ☐ Stepparent
- ☐ Ex-Spouse
- ☐ Daughter/Son¥
- ☐ Grandparent
- ☐ Grandchild
- ☐ Other: _____
- ☐ Friend
- ☐ Sibling
- ☐ Stepchild¥
- ☐ Worker
- ☐ Neighbor

* Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for unemployment insurance (FUTA and SUTA). If your employment with the employer is terminated, you will not receive unemployment benefits.

± Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits.

¥ Due to your relationship as the child of the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA) and unemployment insurance (FUTA and SUTA) until your 21st birthday.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to PremierFMS. For any questions or concerns, please contact our office at 855.275.3948.

Worker Signature: _____ Date: ___ / ___ / ___

Employer Signature: _____ Date: ___ / ___ / ___

Premier
FINANCIAL MANAGEMENT SERVICES

OREGON VETERAN DIRECTED CARE LIVE-IN EXEMPTION FORM

Under the Fair Labor Standards Act (FLSA), household employers are required to pay overtime to employees who work more than 40 hours in a single workweek, unless the employee qualifies as a live-in domestic service worker.

DEFINITION OF A DOMESTIC SERVICE WORKER:

A worker resides on the employer's premises permanently when he or she lives, works, and sleeps on the employer's premises seven days per week and therefore has no home of his or her own other than the one provided by the employer under the employment agreement.

(OR)

A worker resides on the client's premises for an extended period when he or she lives, works and sleeps on the client's premises for five days a week (120 hours or more). If a domestic worker spends less than 120 hours per week working and sleeping on the client's premises but spends five consecutive days or nights residing on the premises, this also constitutes an extended period.

Does your employee qualify as a live-in worker? ☐ Yes ☐ No

Veteran/Employer Name: _____

Authorized Representative Name: _____

This is only required if the Veteran is not the employer.

Individual Provider/Employee Name: _____

Please note that it is your responsibility to let PremierFMS know when the employee no longer lives with the employer.

Veteran Signature:_____ Date: ____ / ____ / _____

Or Authorized Representative/Employer Signature

Worker Signature:_____ Date: ____ / ____ / _____

For any questions or concerns, please contact our office at 855-852-6161. Please submit the completed form to PremierFMS via the following option:

Email
PremierEnrollment@Premier-FMS.com

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | **(b) Social security number**

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
	/ /	

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q Form **W-4** (2025)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $ _____

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

2025 Form OR-W-4

Page 1 of 1, 150-101-402
(Rev. 08-08-24, ver. 01)

Oregon Department of Revenue

19612501010000

Office use only

Oregon Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)
			– –

☐ Redetermination

Address	City	State	ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:** ☐ Single ☐ Married ☐ Married, but withhold at the higher single rate.
   Note: Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.

2. **Allowances.** Total number of allowances you're claiming on line **A4, B15,** or **C5.**
   See worksheets in the instructions. If you skip the worksheets and aren't exempt, **enter 0**..... 2.

3. **Additional amount,** if any, you want withheld from each paycheck..... 3. .00

4. **Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
   - Enter your exemption code. (See instructions)..... 4a.
   - Write "Exempt"..... 4b.

Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.)	Date

Employer use only.

Employer name	Federal employer identification number (FEIN)

Employer address	City	State	ZIP code

—Submit this form to your employer—

Form OR-W-4 Instructions
Oregon Withholding Statement and Exemption Certificate

2025

Purpose of this form

Use Form OR-W-4 to tell your employer or other payer how much Oregon income tax to withhold from your wages or other periodic income.

Instructions for employer or other payer. Enter the business name, federal employer identification number (FEIN), and address in the "Employer use only" section of Form OR-W-4. Keep the completed form with your records. For more information and additional instructions, see Publication 150-211-602, *W-4 Information for Employers,* and the additional resources listed on page 4.

Complete Form OR-W-4 if:

- You're starting a new job with an employer who must withhold Oregon tax from your pay.
- You're receiving a pension or annuity and the payer must withhold Oregon tax from each payment.
- You've had a recent personal or financial change that affects your taxes, such as a change in your income, filing status, or number of dependents.
- You weren't satisfied with the amount of Oregon tax you owed or had refunded to you when you filed a recent return.
- You filed a federal Form W-4 with your employer after 2017 that didn't specify withholding allowances for Oregon.

The worksheets in these instructions are designed to help you estimate the amount of Oregon tax your employer should withhold from your pay. For a more **accurate** estimate, use the **Oregon Withholding Calculator** at www.oregon.gov/dor before you complete Form OR-W-4.

Pension and annuity withholding. Use Form OR-W-4 to designate the Oregon withholding from your pension, annuity, or other periodic payments.

Questions to consider:

- Do you (including your spouse) **have more than one job?**
- Do you expect your wages or your total income for 2025 to be **more than $100,000** (or **$200,000** if you're married and will file a joint return with your spouse, or you're a recent widow(er)?
- Are you making **mid-year changes** to your withholding?
- Do you receive **pension or annuity payments?**
- Do you live outside Oregon, or did you move to Oregon this year?
- Are you a **non-U.S. citizen without permanent resident status?**

STOP If you answered **yes** to **any** of these questions, read the "Specific information" section in these instructions before completing the worksheets or Form OR-W-4. Consider using the online **Oregon Withholding Calculator** at www.oregon.gov/dor instead of the worksheets for more accurate results.

General information

What is Oregon income tax withholding?

Oregon income tax must be paid during the year as you earn or receive your income. Employers and certain other payers are required by law to set aside (withhold) part of your paycheck or other payment for taxes that they send to the Department of Revenue on your behalf every time they pay you. "Withholding" refers to the portion of income that your employer or other payer holds back from each paycheck or other payment.

How is the amount of Oregon income tax withholding determined?

The amount that the employer or other payer must withhold depends on several things, such as:

- Your income.
- Your marital status.
- The number of children or other dependents you have.

Allowances. Depending on your situation, some of your income might not be subject to withholding. Each allowance reduces the amount of income that is withheld from each payment. The worksheets in these instructions will help you determine how many allowances you may claim.

Additional withholding. You may want to have more money withheld from each payment. If you have other income that isn't subject to withholding, requesting additional withholding on Form OR-W-4 may help you avoid owing tax on that other income when you file your tax return.

You report your marital status, allowances, and any additional amount you want withheld by completing Form OR-W-4 and submitting it to your employer or other payer. They will use this information, along with Publication 150-206-436, *Oregon Withholding Tax Formulas,* to withhold a specific amount each pay period.

What if too much or not enough is withheld?

If you have too much tax withheld, you may have a refund when you file your tax return. This is money that you couldn't use during the year when you might have needed it.

If you have too little tax withheld, you may owe tax when you file your tax return, plus penalty and interest. This is money that you might have used during the year but will need to pay when you file your return after the year ends. See Publication OR-17 for penalty and interest information.

Why can't the federal form be used for all withholding?

Oregon employees used to be able to use federal Form W-4 for both their federal and Oregon withholding. In 2020, the Internal Revenue Service made some major changes to the

way that federal withholding is done. They changed Form W-4 in such a way that it can no longer be used for Oregon withholding purposes. Similar changes were made to Form W-4P, for withholding from pensions and annuities, starting in 2022. You must use Oregon's Form OR-W-4 instead.

How often does Form OR-W-4 have to be submitted?

Complete and submit a new Form OR-W-4 when you start a new job and whenever your tax situation changes. This includes changes in your income, marital status, and number of dependents.

Note: If you are claiming an exemption from Oregon withholding, you must submit a new Form OR-W-4 by February 15 every year if you continue to qualify for exemption. See the instructions for line 4.

What will happen if no Form OR-W-4 is submitted?

Your employer or other payer will refer to your most recent withholding form to determine your withholding. If no Form OR-W-4 has been submitted, they will withhold for Oregon based upon the following order:

- An Oregon-only version of the federal Form W-4 for a year prior to 2020, or federal Form W-4P for a year prior to 2022.
- Federal Form W-4 for a year prior to 2020, or Form W-4P for a year prior to 2022.
- Eight percent of your wages or other income subject to withholding.

What will happen if the information on the form is false?

You may be assessed a penalty of $500 if there is no reasonable basis for the instructions you're giving your employer or other payer using Form OR-W-4.

Specific information

Two earners or multiple jobs. See the instructions for **Worksheet C** or use the online withholding calculator if you have more than one job at a time or will file a joint return with a working spouse.

Wages or adjusted gross income (AGI)* that exceed the threshold. Your income level affects your withholding. Do you expect to have wages or AGI on your 2025 return that are **more than $100,000** (or **$200,000** if using the married filing jointly or the qualifying surviving spouse filing status)? If so, you may want to request additional withholding. Consider using the online calculator to determine the correct amount to put on your Form OR-W-4.

***Helpful tip: AGI.** Your AGI is your total income minus federal adjustments to income. This amount on your 2024 federal Form 1040 may help you estimate your 2025 AGI.

Mid-year changes. If you claimed too many allowances for the first part of the year, your withholding may not cover all of your tax when you file your return. Use the online calculator to determine the additional amount you need withheld to make up for the shortage. If you don't change your withholding, you may owe tax, penalties, and interest when you file your return. See Publication OR-17 for penalty and interest information.

Pension or annuity payments. If you've opted out of federal withholding from a pension, annuity, or other periodic payment, you're automatically opted out of Oregon withholding also. If you're not having tax withheld from this income, you may be required to make estimated tax payments. See Publication OR-ESTIMATE to determine the amount of estimated tax payments you need to make.

If you elect to have Oregon tax withheld from your pension or annuity payment, where the tax must be withheld at a certain percentage, you can't claim allowances on Form OR-W-4, but you may request additional withholding.

Exemption from withholding. You may be in a situation where none of your income is subject to Oregon tax. In that case, your income may be exempt from withholding. The exemption period depends on the type of income you have. **For wages, the exemption ends on February 15th of the following year.** For commercial annuities, employer deferred compensation plans, and individual retirement plans where an election to have no withholding may be made, the exemption ends when you notify the payer in writing that you revoke the election. See the instructions for line 4.

Part-year and nonresidents. Have you recently moved to Oregon, or do you live outside the state? If so, you'll report your Oregon income and deductions in the Oregon column of your part-year or nonresident tax return. Use only the amounts that will be in the Oregon column when you complete Worksheet B or C, or use the online withholding calculator for more accurate results.

Non-U.S. citizen without permanent resident status. If all or a portion of your wages are exempt from federal withholding, these wages are also completely or partially exempt from Oregon withholding. Submit federal exemption Form 8233 to your employer to exempt all or part of your wages from Oregon withholding.

If any portion of your wages is not exempt, submit Form OR-W-4 to your employer. You may not qualify to claim certain deductions from your Oregon income, so you will need to take extra steps to ensure that your withholding is adequate. Follow the instructions below when completing Form OR-W-4:

- **Line 1.** Check the "single" box regardless of your marital status.
- **Line 2.** Usually, you should claim -0- withholding allowances. However, if you complete the worksheets, follow the instructions below.
  - — Complete Worksheet B using amounts that will be included in the Oregon column of your return.
  - — Once you have completed all applicable worksheets, subtract 1 allowance from the number on line A4, B15, or C5.
- **Line 4.** Don't claim exempt due to "no tax liability" or for the portion of your wages exempted on federal Form 8233.

Form OR-W-4 line instructions

For the form and all worksheet instructions, terms such as "pay," "paycheck," and "wages" also refer to pensions, annuities, and other periodic payments, and the word "employer" also refers to other payers.

Type or clearly print your name, Social Security number (SSN), and mailing address.

Note. You must enter an SSN. You can't use an individual taxpayer identification number (ITIN).

Redetermination check box. If the department issued a determination letter to your employer specifying the amount your employer needs to withhold from your wages and you want to decrease your withholding, you must have a personal or financial change affecting your tax situation. If you do, mark the "Redetermination" check box. Provide a copy to your employer and send a copy with **all** of the applicable worksheets filled out to the department at:

ADP OR-W-4 Project
Oregon Department of Revenue
PO Box 14560
Salem, OR 97309

Line 1. If you anticipate using the single, married filing separately, or head of household filing status when you file your 2025 return, mark "Single."

If you anticipate using the married filing jointly or qualifying surviving spouse filing status when you file your 2025 return, mark "Married." If you meet the married filing jointly qualifications, but want tax withheld at the higher "single" rate, mark "Married, but withhold at the higher single rate."

For the qualifications of each filing status, see federal Publication 501, *Exemptions, Standard Deduction, and Filing Information.*

Line 2. Complete all applicable worksheets. Enter the allowances from **Worksheet A,** line A4, **Worksheet B,** line B15, or **Worksheet C,** line C5.

Line 3. If you choose to have an additional amount withheld from your pay, enter the amount that you want withheld from each paycheck. If you completed **Worksheet C,** line C8 may direct you to claim an additional amount per paycheck.

Line 4. If you're claiming **exemption from withholding,** you must meet one of these requirements:

- Your wages must be exempt from Oregon taxation, or
- You must meet the qualification for having no tax liability.

To claim exemption due to **no tax liability,** you must meet **both** of the following conditions:

- Last year you had the right to a refund of **all** Oregon tax withheld because you had **no** tax liability, **and**
- This year you expect a refund of **all** Oregon income tax withheld because you expect to have **no** tax liability.

To claim exempt, enter the corresponding code from the **Exemption chart** on line 4a. Enter only one exemption code, even if more than one applies. Write "Exempt" on line 4b.

Note: For wages, exemptions end February 15th of the following year. A new Form OR-W-4 must be completed and submitted to your employer each year.

Exemption chart

Exemption	Code
Air carrier employee	A
American Indian enrolled tribal member living and working in Indian country in Oregon.	B
Amtrak Act worker	C
Casual laborer	D
Domestic service worker	E
Hydroelectric dam worker at the Bonneville, John Day, McNary, or The Dalles dam.	F
Military pay for nonresidents stationed in Oregon and their spouses, residents stationed outside Oregon, and service members or spouses treated as nonresidents for tax purposes.	G
Minister who is duly ordained, commissioned, or licensed and performing duties in their ministry or a member of a religious order performing duties required by their order.	H
Real estate salesperson under a written contract not to be treated as an employee.	J
Waterway worker	K
No tax liability. See above for definition.	L
Nonresident who expects a refund of all Oregon income tax withheld because their wages won't be subject to Oregon tax.	M

Sign and date Form OR-W-4. Submit Form OR-W-4 to your employer. **Don't** complete the employer's information. Keep the worksheets with your tax records.

Worksheet instructions

Worksheet A—Personal allowances

Note: If your annual wages from this job are more than $100,000 and you're marking "Single" or "Married, but withhold at the higher single rate" ($200,000 if you're marking "Married"), skip Worksheet A and claim zero allowances on Form OR-W-4.

Line A3. Dependents. Enter the total number of all qualifying children and qualifying relatives you are able to claim as dependents on your Oregon return. See the "Exemption credit" section of Publication OR-17 for dependent qualifications.

Worksheet B—Deductions, adjustments, credits, and nonwage income

Line B1. If you have large amounts of **nonwage income,** such as interest, dividends, or self-employment income, consider making estimated tax payments. For required payments and other information, see Publication OR-ESTIMATE. You may also request additional withholding from each paycheck. Otherwise, you may owe additional tax when you file your return, together with interest on any underpayment of required estimated tax payments.

Line B2. Additions are generally items the federal government doesn't tax but Oregon does. See Publication OR-17 for a list of additions and instructions.

Line B4. Enter your anticipated 2025 Oregon **deductions.** If you don't know your anticipated 2025 deductions, enter the standard deduction for your anticipated filing status.

The estimated 2025 **standard deduction** is:

- $2,800 for single or married filing separately.
- $4,500 for head of household.
- $5,600 for married filing jointly or qualifying surviving spouse.

If you qualify for an **additional standard deduction amount** because you or your spouse are age 65 or older or blind, and you don't plan to itemize your deductions, add the additional amount to your anticipated deduction amount on line B4. If you're married (or a qualifying surviving spouse), the additional standard deduction is $1,000; for everyone else, the additional amount is $1,200.

Itemized deductions include items such as medical expenses that are more than 7 1/2 percent of your AGI, state and local taxes you paid (limited to $10,000, but don't include Oregon income taxes), qualifying home mortgage interest, charitable contributions, and certain miscellaneous deductions. If you plan to itemize your deductions, enter your estimated **Oregon itemized deductions.** See Schedule OR-A Instructions for more information.

Line B7. Adjustments to income reduce your gross income, resulting in AGI on your federal return. See the instructions for federal Form 1040 and the "Adjustments" section of Publication OR-17 for more information.

Subtractions are generally items the federal government taxes but Oregon doesn't. See Publication OR-17 for a list of subtractions and instructions. **Don't** include your federal tax subtraction.

Line B10. Divide line B9 by $3,200. Round to one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from line B9 into allowances.

Line B11. Credits reduce the amount of tax you must pay. Standard and carryfoward credits can reduce your tax to zero but can't be refunded to you. Refundable credits can reduce your tax to zero and also result in a refund of any remaining amount. See Publication OR-17 for a list of credits and instructions.

Enter an estimate of the credits you will claim on your 2025 Oregon return. **Don't** include your exemption credits.

Line B12. Divide line B11 by $250. Round using one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from B11 into allowances.

Line B13. Add lines B10 and B12. Round to the nearest whole number that is closer to zero by eliminating the decimal value. For example, round 4.3 or 4.8 to 4 and round -3.3 or -3.7 to -3.

Example 1. Roger entered -3.1 on line B10. He entered 2.4 on line B12. He will enter -0- on line B13 (-3.1 + 2.4 = -0.7, which is rounded to 0).

Line B15. If the result when you add lines B13 and B14 is less than zero, you may owe tax when you file your return. Request additional withholding or consider making estimated tax payments to avoid owing tax plus potential penalties and interest. See Publication OR-ESTIMATE for information about estimated payments.

Worksheet C—Two earners / multiple jobs

Use Worksheet C if you work more than one job at a time or you have a working spouse.

Line C5. For your highest paying job, enter the result of **Worksheet C,** line C5 on Form OR-W-4, line 2. For all of your lower paying jobs, claim zero allowances.

Line C8. For your highest paying job, enter the result of **Worksheet C,** line C8 on Form OR-W-4, line 3. Round to the nearest whole dollar. For all of your lower paying jobs, claim zero as the additional amount to be withheld.

Example 2. Todd is completing this form in January and has entered $824 on line C7. For his highest paying job, he is paid every two weeks and has 25 paychecks left for the year. Todd will enter $33 on line C8 and Form OR-W-4, line 3 ($824 ÷ 25 = $32.96, which is rounded up to the nearest whole dollar).

Additional resources

For additional information, refer to the following publications:

- Publication 150-206-436, *Oregon Withholding Tax Formulas.*
- Publication OR-17, *Oregon Individual Income Tax Guide.*
- Publication OR-ESTIMATE, *Instructions for Estimated Income Tax.*
- Publication 150-211-602, *W-4 Information for Employers.*
- Federal Pub. 501, *Exemptions, Standard Deduction, and Filing Information.*
- Federal Form 2833, *Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual.*
- Federal Form 1040 Instructions.

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov

Contact us for ADA accommodations or assistance in other languages.

Worksheet A—Personal allowances

Note: If you marked "Single" or "Married, but withhold at higher single rate" and your annual wages for this job will be more than $100,000 ($200,000 if you marked "Married"), skip lines A1 through A3 and enter 0 on line A4.

A1. Enter "1" for **yourself** if no one else can claim you as a dependent. Otherwise, enter 0..... A1. _____

A2. Enter "1" for your **spouse** if your spouse **isn't employed.** Otherwise, enter 0..... A2. _____

A3. Enter the number of **dependents** you will claim on your Oregon tax return..... A3. _____

A4. Add lines A1 through A3. Enter the result here and follow the instructions below..... A4. _____

STOP **Complete all worksheets that apply.**

- **Worksheet B**—Use this worksheet if you plan to do **any** of the following on your 2025 Oregon return:
  - o Itemize your Oregon deductions or claim additional standard deduction amounts.
  - o Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
  - o Report nonwage income (such as dividends, interest, or self-employment income).
- **Worksheet C**—Use this worksheet if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed $20,000.

If neither of the above worksheets apply, stop here and enter the number from line A4 on Form OR-W-4, line 2.

– Keep this worksheet for your records –

Worksheet B—Deductions, adjustments, credits, and nonwage income

STOP Use this worksheet if you plan to do **any** of the following on your 2025 Oregon return:

- Itemize your Oregon deductions or claim additional standard deduction amounts.
- Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
- Report nonwage income (such as dividends, interest, or self-employment income).

Having your most recent Oregon tax return on hand may help you when completing this worksheet.
Don't use negative numbers unless otherwise instructed. For example, write a $1,000 Oregon subtraction as "$1,000", not "($1,000)" or "-$1,000". For more information, see the instructions for this worksheet starting on page 3.

B1. Enter your estimated 2025 **nonwage income** (such as dividends or interest) .....B1. .00

B2. Enter your estimated 2025 Oregon **additions** .....B2. .00

B3. Add lines B1 and B2 .....B3. .00

B4. Enter your estimated 2025 Oregon **deductions.** (See instructions) .....B4. .00

B5. Enter the estimated **standard deduction** based on your anticipated 2025 filing status: ...B5. .00
- **Single or Married Filing Separately:** $2,800.
- **Head of Household:** $4,500.
- **Married Filing Jointly or Qualifying Surviving Spouse:** $5,600.

B6. Line B4 minus line B5. If the result is zero or less, enter 0 .....B6. .00

B7. Enter your estimated 2025 federal **adjustments to income** and Oregon **subtractions** (**exception**—don't include the federal tax subtraction) .....B7. .00

B8. Add lines B6 and B7 .....B8. .00

B9. Line B8 minus line B3. If less than zero, enter as a negative amount .....B9. .00

B10. Line B9 divided by $3,200. Round to one decimal place. If less than zero, enter as a negative amount.....B10. .

B11. Enter your estimated 2025 Oregon standard, carryforward, or refundable **credits** (**exception**—don't include personal exemption credits).....B11. .00

B12. Divide line B11 by $250. Round to one decimal place .....B12. .

B13. Add lines B10 and B12. If less than zero, enter as a negative amount. Round to the whole number closest to zero (See instructions) .....B13.

B14. Enter the number from **Worksheet A,** line A4 .....B14.

B15. Add lines B13 and B14. If zero or less, enter 0. (See instructions) .....B15.

If you're using **Worksheet C,** enter the result from line B15 on **Worksheet C,** line C1.
Otherwise, **stop here** and enter the result from line B15 on Form OR-W-4, line 2.

– Keep this worksheet for your records –

Worksheet C—Two earners / multiple jobs

STOP If you (including your spouse) work three or more jobs at one time, consider using the **Oregon Withholding Calculator** at www.oregon.gov/dor for a more accurate calculation of your allowances.

If you don't use the online calculator, use this worksheet to figure the number of allowances to claim on the Form OR-W-4 for your **highest paying job.** For the best results, we recommend that you claim allowances only on the Form OR-W-4 you submit for your highest paying job, and that you claim zero allowances on Form OR-W-4, line 2 for all of your (or your spouse's) other jobs. Doing so will help prevent under-withholding. For more information, see the instructions for this worksheet starting on page 4.

Complete this worksheet only if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed $20,000.

C1. Enter the number from **Worksheet B,** line B15. If you didn't use Worksheet B, enter the number from **Worksheet A,** line A4 ..... C1.

C2. Enter the indicated number based on your 2025 anticipated filing status ..... C2.
- **Single, Head of Household, or Married Filing Separately:** Enter "2"; **however,** if two of your jobs individually exceed $40,000, enter "4".
- **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3"; **however,** if two of your jobs individually exceed $50,000, enter "6".

C3. If you (including your spouse) will work three or more jobs at the same time at any point during the year, enter the indicated number for your 2025 anticipated filing status. Otherwise, enter 0 ..... C3.
- **Single, Head of Household, or Married Filing Separately:** Enter "2".
- **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3".

C4. Add lines C2 and C3 ..... C4.

C5. Is line C1 **less** than line C4?
- **Yes.** Enter 0 on line C5 and on Form OR-W-4, line 2. Continue with lines C6 through C8 to figure the additional withholding amount necessary to avoid owing tax with your return.
- **No.** Line C1 minus line C4. Enter the result on line C5 (if zero, enter 0) and on Form OR-W-4, line 2. **Don't** complete the rest of this worksheet.. ..... C5.

C6. Line C4 minus line C1 ..... C6.

C7. Line C6 multiplied by $250 ..... C7. .00

C8. Line C7 divided by the number of **paychecks remaining in 2025** for the highest paying job and rounded to the nearest dollar. Enter the result here and on Form OR-W-4, line 3. This is the additional amount to be withheld from each paycheck ..... C8. .00

Reminder: If you're requesting additional withholding for part of the year, remember to check your withholding again early next year.

– Keep this worksheet for your records –

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See Instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)

☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
	- -

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
employer		/ /

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa				**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
4. Employment Authorization Document that contains a photograph (Form I-766)		**3.** School ID card with a photograph		
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**4.** Voter's registration card		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. U.S. Military card or draft record		**4.** Native American tribal document
		6. Military dependent's ID card		**5.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Premier
FINANCIAL MANAGEMENT SERVICES
Part of the AssuranceSD family

OREGON VETERAN DIRECTED CARE BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Veteran Directed Care Program, to conduct several background checks before workers are eligible to begin working for a Veteran. PremierFMS will be running background checks through Sterling, and the Office of the Inspector General. Successfully passing all three background checks are a condition of employment with the Veteran.

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name or Alias (if applicable): _____

Social Security Number: _____ / _____ / _____ Date of Birth: ____ / ____ / _____

AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize PremierFMS to conduct a background check through Sterling and the Office of the Inspector General. Furthermore, I understand that the results of the background checks will be shared with Oregon Veteran Directed Care Operations Manager and the Veteran/ Authorized Representative.

Worker Signature: _____ Date: ____ / ____ / _____

Guardian Signature: _____ Date: _____ / _____ / _____
(Required if Direct Care Professional is under the age of 18)

For any questions or concerns, please contact our office at 855-852-6161. Please submit the completed form to PremierFMS via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

Premier
FINANCIAL MANAGEMENT SERVICES
Part of the AssuranceSD family

OREGON VETERAN DIRECTED CARE RATE AGREEMENT

Instructions: Fill out each section as appropriate. Once complete, please sign and date the form and submit to PremierFMS via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

PROVIDER'S INFORMATION

Name: _____ Last 4 Digits of SSN: _____

Veteran's Name: _____

Employer of Record Name: _____

RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Personal Assistance Services & Supports		Hour	/ /

By signing below, we understand that only the pay rates above will be paid. For any questions or concerns, please contact our office at:855-852-6161.

Worker Signature: _____ Date: ____ / ____ / ____

Veteran/Employer Signature: _____ Date: ____ / ____ / ____

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OREGON VETERAN DIRECTED CARE PAYMENT ELECTION FORM

Instructions: Please check the appropriate box in Section 1 and fill out any information in Section 2, where applicable. If paycard box is checked, skip Section 3. If paper check box is checked, skip Sections 3 and 4. If neither paycard box nor paper check box is selected, please proceed to fill out Sections 3 and 4. After entering the Financial Institution information in Section 3, please attach the required documentation as listed. Review Sections 4 and 5, then sign and date. The form must be signed and dated at the bottom in order to be considered complete. For any questions or concerns, please contact our office at 855-852-6161.

Mail
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

SECTION 1 *(Check one box ONLY)*

Effective Date: ____ / ____ / ____

☐ New Direct Deposit Set-Up ☐ New Paycard Set-Up ☐ Existing Paycard Set-Up ☐ Paper Check ☐ Cancel DD/Paycard

SECTION 2 *(Please print clearly)*

Veteran Information

Veteran Name: _____

Worker Information

Worker Name: _____ Last 4 Digits of SSN: _____

Vendor Information

Vendor Name: _____ Contact Number: _____

Contact Name: _____ Email Address: _____

SECTION 3

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____%

For Checking Account
Tape a voided check here.
(No starter check or deposit slip.)

For Savings Account
Attach letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

Optional for split deposit

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____%

For Checking Account
Tape a voided check here.
(No starter check or deposit slip.)

For Savings Account
Attach a letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

SECTION 4

Check stubs:

☐ I hereby elect to receive my check stubs via mail, not online.

SECTION 5 *(Check one box ONLY)*

Authorization for Set-Up, Change, or Cancellation:

☐ I hereby authorize PremierFMS to **deposit** any amount owed to me for wages and/or reimbursements. PremierFMS is not responsible for any erroneous information provided. Also, I grant PremierFMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until PremierFMS receives written notification from me to terminate the agreement.

☐ I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant PremierFMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until PremierFMS receives written notification from me to terminate the agreement.

☐ I hereby authorize PremierFMS to stop making electronic transfers to my account. I also understand that I will now receive physical payroll checks rather than a direct deposit.

Worker Signature: _____ Date: _____ / _____ / _____

***Please note, your first payment may be a paper check.**

Paycard Number:
(For office use only)

Veterans Directed Home & Community Based Services

MULTNOMAH COUNTY

EMPLOYMENT APPLICATION

APPLICATION INFORMATION							
Last Name		First		M.I.		Date	
Street Address				Apartment			
City		State		Zip			
Phone		E-mail					
Date Available		Drivers License/ID #			State		
Days Available	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Times Available							
Holidays Not Available							
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO		
Do you have a Social Security Card?				YES	NO		
Are you willing to submit to a Criminal Background Check?				YES	NO		
Are you willing to drive your employer's vehicle?				YES	NO		
Are you willing to drive your employer in your own vehicle?				YES	NO		

If yes, please complete the below vehicle information:			
Insurance Co.		Policy No.	

EDUCATION (please write any additional education on a separate sheet of paper.)

School Name	City/State	Dates Attended	Degree	Major

EMPLOYMENT APPLICATION (Page 2 of 3)

REFERENCE#1 (*Please list three professional references.*)			
Full Name		Relationship	
Company		Phone	
Street Address & Email			
REFERENCE #2			
Full Name		Relationship	
Company		Phone	
Street Address & Email			
REFERENCE #3			
Full Name		Relationship	
Company		Phone	
Street Address & Email			

PREVIOUS EMPLOYMENT #1					
Employer			Phone		
Address			Supervisor		
Job Title		Starting Wage	$	Ending Wage	$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES ☐ NO ☐		

PREVIOUS EMPLOYER #2					
Employer			Phone		
Address			Supervisor		
Job Title		Starting Wage	$	Ending Wage	$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES ☐ NO ☐		

EMPLOYMENT APPLICATION Page 2 OF 3)

PREVIOUS EMPLOYER #3					
Employer			Phone		
Address			Supervisor		
Job Title		Starting Wage	$	Ending Wage	$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES ☐ NO ☐		

MILITARY				
Branch			ENTRANCE DATE	SEPERATION DATE
Rank at Discharge		Type of Discharge		

PLEASE NOTE:

Any direct care worker or representative candidate who has a felony for fraud, abuse or exploitation of an individual may not be hired to provide services to or be authorized as a representative for a veteran. Results from a direct care worker or representative candidate's background check are reported to the VA VDC Program Coordinator. The veteran is notified about whether their direct care worker or representative candidate has passed the criminal background requirement or not. The veteran's Person Centered Counselor at the VDC Provider then will have a discussion with the veteran to review their options for selecting another dierect care worker to hire or representative.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I give permission for references listed above to speak freely about my qualifications and work record. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Veterans Directed Home & Community Based Services

Oregon State-Wide Program

Employment Agreement

This agreement is between	**Employer:**	
	Employee:	

Duties

Employee agrees to perform the following duties as instructed:

Employer will provide supplies needed to perform these duties. Employee will notify Employer when supplies are running low.

Work Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Holidays needed to work:

Start date: **Total Hours per week:**

Changes in schedule may be negotiated with _____ (number) of days advance notice.

Wages and Pay Checks

Rate of pay is: $_____ per hour. If separate duty rates, second rate: $_____

Pay Schedule: ☐ Biweekly. Timesheets must be submitted by set schedule and sent to Premier Financial Management Services, LLC.

The above pay rate is before taxes. A W-2 statement will be supplied to the employee. It will be the employee's responsibility to provide current mailing address to employer.

Performance Reviews

Performance reviews conducted:

☐ Formal review after 6-months of employment and annually thereafter

☐ At least monthly, informal discussions with employee for first 6 months.

Note: A pay increase may follow performance reviews, but there is no guarantee of an increase. Raises will not be given if employee's work is deemed unsatisfactory.

Breaks and Leave Policies

Breaks: One fifteen-minute break every (4) four hours and one 30-minute lunch after six (6) hours of continuous work, as per Oregon Law.

Rules and Expectations
Vacation, holiday and sick leave policy: Employee may take vacation or medical leave without pay with two (2) weeks prior notice and permission from the employer. **Other notes:**
Notification for unavoidable delays or absences: A phone call will be expected as soon as the Employee is aware of needed absence. **Other notes:**
Making up hours missed: Please discuss with Employer to make arrangements for missed time within two (2) weeks of missed time. **Other notes:**
Employer confidentiality: Employee is expected to retain employer confidentiality regarding physical or psychological condition, or any other personal specifics of the Employer. **Other notes:**
Employer privacy: Employee is expected to respect Employers privacy as specifically stated by Employer. **Other notes:**
Smoking policy: ☐ Smoking is prohibited on the property/in residence. Please exit to smoke. ☐ Smoking is allowed at workplace only in designated area(s). **Other notes:**
Substance free workplace policy: This is a drug and alcohol free workplace. If it is found that the Employee is consuming substances while working or arrives at work under the influence, the Employee will be immediately terminated. **Other notes:**
Guests: ☐ Employees may have one guest visit for a maximum of ___ minutes. ☐ Employees may not at any time have visitors. **Other notes:**
Cell Phone: ☐ Employees may only take or make telephone calls during break periods, and only in designated areas. **Other notes:**
Breaking or damaging employer's property: Property damage to employer's property may result in immediate termination and/or restitution of a fair cost of the item. **Other notes:**
Grounds for termination: Absences, arriving late, and leaving early without permission may result in immediate termination. Violation of any of the above activities may also result in termination. **Other notes:**

Use of Personal Property
The following is a list of person property items that the employer has **agreed** to allow the Employee to utilize.
Personal Property:
☐ Vehicle (only as employer wants used)
☐ Television or Radio (circle item(s) agreed for use)
3. Other:
4. Other:
Employer's Responsibilities: (Check appropriate items)
☐ Employer will not expect Employee to stay past the agreed-upon work schedule.
☐ Employer will be ready for the Employee to begin work upon his/her arrival.
☐ Employer will be responsible for finding an emergency back-up Employee/Agency.
☐ Employer will maintain records of Employee's performance and related information.
☐ Other:
☐ Other:
☐ Other:
☐ Other:
Employee's Responsibilities:
☐ Employee will respect the confidentiality of the employer.
☐ Employee will complete the duties described in the job description and as needed.
☐ Employee will be prompt and be on-time.
☐ Employee will call if he/she is going to be late.
☐ Employee will give at least 24 hours notice of he/she will be not be coming to work.
☐ Other:
☐ Other:
☐ Other:
Absence Policy:
Both the Employer and the Employee **must** provide at least _____ (number) of days advance notice of an interruption to the work schedule. In case of an emergency, the Employer and the Employee must notify each other as soon as possible.
Termination due to Absence, Tardy, and Notification:
____ Number of days absent will result in termination.
____ Number of days tardy, more than 15 minutes late, will result in termination.
____ Number of days absent **without** advance or proper notification will result in termination.
Other:
Resignation Notice Procedure:
The Employee will provide to the Employer _____ (number) weeks notice before quitting his or her position.
Other Procedures/Policies:

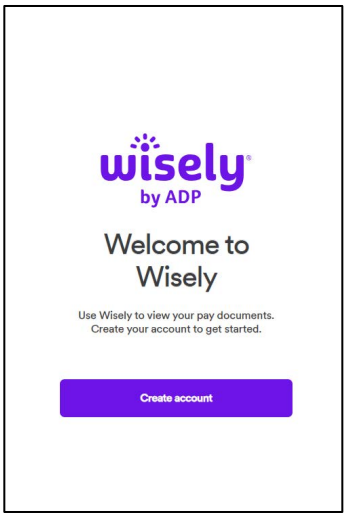
Signing below certifies that [both the Employer and Employee] have read and agree to this Employment Agreement.			
Employer:		**Date:**	
Employee:		**Date:**	

SMART TIPS
Accessing Online Paystubs

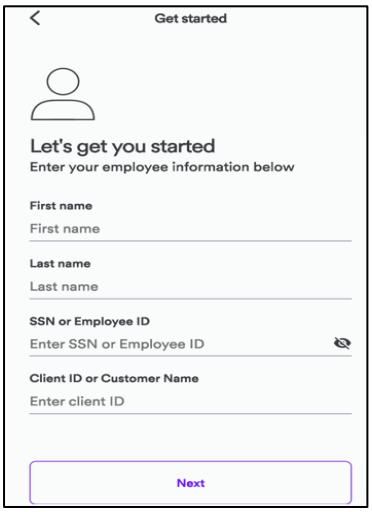
1. Login to Paystub Portal https://www.mywisely.com/app/main/gccnchregistration

*If you previously have had a My Wisely, ADP, or Global Cash card, log in at https://www.mywisely.com/app/main/login/

2. Get Started



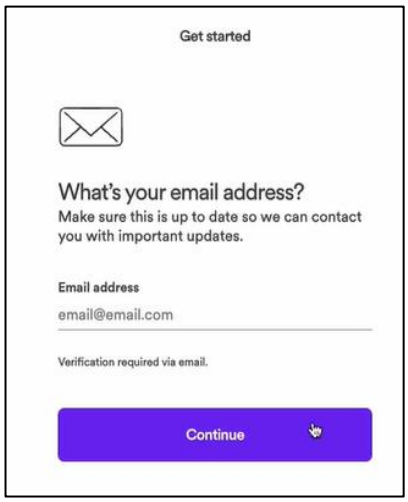
3. Enter Personal Information



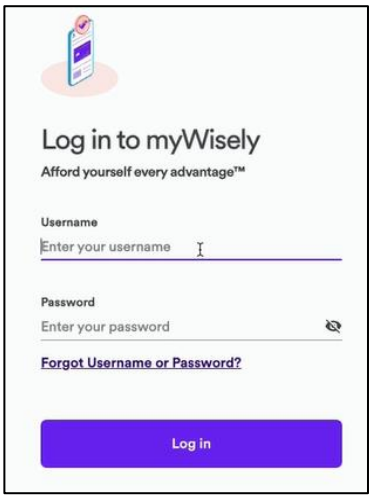
4. Set Up Username & Passworc

5. Enter/Verify Phone No

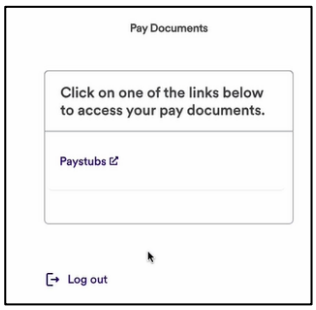
6. Enter/Verify Email



7. Login to Account



8. Access Paystub



*Client Name – **Premier Financial Management Services** *Client ID - **gw5prem944**

If you have any questions, contact the Account Coordinator:ORVSDP@permier-fms.com or 855-582-6161

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