UNIVERSITY OF OREGON | Business Affairs

Clear Form

Request For Exemption from Oregon State Withholding

(Please send completed form to:
Payroll Office
P.O. Box 3237
Eugene, OR 97403)

Employee Information

UO ID _____ **Name** _____ (Last) _____ (First) _____ (Middle)

Street Address _____

_____ (City) _____ (State) _____ (Zip Code)

Email _____

Phone _____

Employment Information

Place of Employment _____

Dates of Employment _____

Expected Frequency and periods of Travel to Oregon

Request

I request an exemption from Oregon State income tax withholding because 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. This exemption is valid for one calendar year and must be filed by January 31st each calendar year.

_____ (Employee Signature) _____ (Date)

Authorization

	Name	Signature	Phone	Date
Payroll Officer				