

Combined Employer's Registration

See instructions below

You can register online with the Central Business Registry (CBR) at <https://secure.sos.state.or.us/ABNWeb>

For agency use only
BIN

Business name*		Type of ownership (check one):	
Assumed business name		<input type="checkbox"/> Corporation LLC (Limited Liability Co.) <input type="checkbox"/> Government-Local <input type="checkbox"/> Sub-chapter S Corp. recognized by IRS as a: <input type="checkbox"/> Government-State <input type="checkbox"/> Sole Prop. (Individual) <input type="checkbox"/> Corp, or <input type="checkbox"/> Government-Federal <input type="checkbox"/> LLP (Limited Liability Part.) <input type="checkbox"/> Individual (Sole Prop.), or <input type="checkbox"/> Political Campaign <input type="checkbox"/> Partnership--General <input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe below): <input type="checkbox"/> Partnership--Limited <input type="checkbox"/> Non-profit 501(c)(3) <input type="checkbox"/> Pension and Annuity (attach federal exemption) <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Other Nonprofit	
Federal employer identification number (FEIN)*		<input type="checkbox"/> Check if for Construction Contractors Board (CCB) only <input type="checkbox"/> Recognized Indian Tribe	
Business telephone number	Fax number	Nature and principal products of your business (i.e., retail—men's clothing; services—janitorial; etc.). Be specific.	
Ext.		Check if any employees are: <input type="checkbox"/> Courtesy Withholding <input type="checkbox"/> Agricultural <input type="checkbox"/> Working on fishing vessels <input type="checkbox"/> Domestic (in-home workers)	
Contact person authorized to discuss your payroll account with us		Does any domestic worker request withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact's telephone number		Type of return to be filed (see instructions)	
Ext.		<input type="checkbox"/> OQ (Oregon Quarterly) <input type="checkbox"/> WA (Federal 943 filers only) <input type="checkbox"/> OA (Domestic)	
Business mailing address		Enter number of employees (approximate)	
City	State	ZIP code	LLC Member _____ Owner/Officer _____ Employees _____
E-mail address <input type="checkbox"/> Check here to authorize us to initiate e-mail exchange of tax information.		Date employees were/will first be paid for work in Oregon*	
Physical address where work is performed in Oregon* <input type="checkbox"/> Employee home address		Month _____ Day _____ Year _____	
City	State	ZIP code	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)
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		Date employees first paid for services performed within district(s)	
Off site payroll service, accountant, or bookkeeper (attach Power of Attorney form)		TriMet _____ LTD _____	
Contact person at the off site payroll service, accountant, or bookkeeper		In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor? (see instructions) Quarter _____ Year _____	
Telephone No.		Date first Oregon employee was/will be hired	
Mailing address for off site payroll service (send: <input type="checkbox"/> forms <input type="checkbox"/> billings to this address?)		Month _____ Day _____ Year _____	
C/O		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)	
City	State	ZIP code	<input type="checkbox"/> No, employees are covered by federal WC <input type="checkbox"/> No, only owners/corporate officers <input type="checkbox"/> No, other (explain) _____
Bank reference/branch address		Unemployment Tax Workers' Benefit Fund Assessment	
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