



2015 PLAIN PAPER SPECIFICATIONS

EMPLOYEE DETAIL REPORT (FORM 132)

To meet the Employee Detail Report (Form 132) format requirements, data must be printed on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the specifications below. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine. Testing has shown that reports are read much more accurately if prepared using capital letters rather than changing cases or using lower case. Use CAPITAL LETTERS ONLY.

To verify data is in the correct position, place your printout under a drop out red form. All data should be in the exact order, position, and spacing as found on the Form 132.

Line spacing is exactly six vertical lines per inch and column spacing is ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, space the Employee Detail Report according to the following specifications:

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
Form Code	4	77 – 81	33333
Business Name	5, 6	4 – 33	Left Justify
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Quarter/Year	6	77 – 80	N/NN
Total Subject Wages	8	26 – 38	NNNNNNNNNN.NN First Page Only
Social Security Number	12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50	22 – 32	NNN-NN-NNNN
First Initial	12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50	39	FIRST INITIAL
Employee Last Name	12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50	43 – 60	LAST NAME
Whole Hours Worked	12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50	63 – 65	NNN
Total Subject Wages	12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50	69 – 79	NNNNNNNN.NN Right Justify; Left Space Fill
Page Total	52	67 – 79	NNNNNNNNNN.NN Right Justify; Left Space Fill



2015 PLAIN PAPER SPECIFICATIONS

OREGON SCHEDULE B

To meet the Oregon Schedule B format requirements, data must be printed on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the specifications below. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine. Testing has shown that reports are read much more accurately if prepared using capital letters rather than changing cases or using lower case. Use CAPITAL LETTERS ONLY.

To verify data is in the correct position, place your printout under a drop out red form. All data should be in the exact order, position, and spacing as found on the Oregon Schedule B.

Line spacing is exactly six vertical lines per inch and column spacing is ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, space the Oregon Schedule B according to the following specifications:

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
Form Code	4	77 – 81	22222
Business Name	5, 6	4 – 33	Left Justify
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Quarter/Year	6	77 – 80	N/NN
<u>Data Items for First Month Dates</u>			
1 st day thru 7 th day	10, 12, 14, 16, 18, 20, 22	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8 th day thru 14 th day	10, 12, 14, 16, 18, 20, 22	24 – 32	NNNNNN.NN Right Justify; Left Space Fill
15 th day thru 21 st day	10, 12, 14, 16, 18, 20, 22	40 – 48	NNNNNN.NN Right Justify; Left Space Fill
22 nd day thru 28 th day	10, 12, 14, 16, 18, 20, 22	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29 th day thru 31 st day	10, 12, 14	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 1 st Month (A)	24	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
<u>Data Items for Second Month Dates</u>			
1 st day thru 7 th day	26, 28, 30, 32, 34, 36, 38	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8 th day thru 14 th day	26, 28, 30, 32, 34, 36, 38	24 – 32	NNNNNN.NN Right Justify; Left Space Fill



2015 PLAIN PAPER SPECIFICATIONS

OREGON SCHEDULE B – cont.

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
15 th day thru 21 st day	26, 28, 30, 32, 34, 36, 38	40 – 48	NNNNNN.NN Right Justify; Left Space Fill
22 nd day thru 28 th day	26, 28, 30, 32, 34, 36, 38	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29 th day thru 31 st day	26, 28, 30	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 2 nd Month (B)	40	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
<u>Data Items for Third Month Dates</u>			
1 st day thru 7 th day	42, 44, 46, 48, 50, 52, 54	9 – 17	NNNNNN.NN Right Justify; Left Space Fill
8 th day thru 14 th day	42, 44, 46, 48, 50, 52, 54	24 – 32	NNNNNN.NN Right Justify; Left Space Fill
15 th day thru 21 st day	42, 44, 46, 48, 50, 52, 54	40 – 48	NNNNNN.NN Right Justify; Left Space Fill
22 nd day thru 28 th day	42, 44, 46, 48, 50, 52, 54	55 – 63	NNNNNN.NN Right Justify; Left Space Fill
29 th day thru 31 st day	42, 44, 46	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total Tax 3 rd Month (C)	56	70 – 78	NNNNNN.NN Right Justify; Left Space Fill
Total for Quarter	58	70 – 78	NNNNNN.NN Right Justify; Left Space Fill



2015 PLAIN PAPER SPECIFICATIONS

OREGON QUARTERLY TAX REPORT (FORM OQ)

To meet the Oregon Quarterly Tax Report (Form OQ) format requirements, data must be printed on plain, white 20# bond paper. Do not print any headings, columns, or instructions unless you find them in the specifications below. The print must be clear, black, and distinct. Use a 12 point Courier font. The objective is to create a clear, easily readable entry for our Optical Character Reader (OCR) machine. Testing has shown that reports are read much more accurately if prepared using capital letters rather than changing cases or using lower case. Use CAPITAL LETTERS ONLY.

To verify data is in the correct position, place your printout under a drop out red form. All data should be in the exact order, position, and spacing as found on the Form OQ.

Line spacing is exactly six vertical lines per inch and column spacing is ten horizontal character positions per inch. For alignment purposes, the top of the page is the top of print line 1; the bottom of the form is the print line 66; the left edge is the left side of the print position 1; and the right edge is the right side of print position 85. Beginning with this alignment, space the Oregon Quarterly Tax Report according to the following specifications:

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
Form Code	4	77 – 81	11111
Business Name	5 - 9	4 – 33	Left Justify
Business Identification Number (BIN)	6	61 – 69	NNNNNNN-N Left Zero Fill
Quarter/Year	6	77 – 80	N/NN
Return Due By	8	63 – 78	M,DD,YYYY
Federal EIN	10	12 – 21	NN-NNNNNNN
No. of Covered Workers (1 st Month of Quarter)	16	23 – 28	NNNNNN
No. of Covered Workers (2 nd Month of Quarter)	16	38 – 43	NNNNNN
No. of Covered Workers (3 rd Month of Quarter)	16	53 – 58	NNNNNN
No. of Covered Workers Total (1 st + 2 nd + 3 rd)	16	68 – 73	NNNNNN
Subject Wages	22	23 – 35	Unemployment Insurance (UI)
Subject Wages	22	38 – 50	State Withholding
Subject Wages	22	53 – 65	TriMet Transit District
Subject Wages	22	68 – 80	Lane Transit District
Wages over \$35,700 Per employee per year	24	23 – 35	UI only
Taxable Wages	26	23 – 35	UI only



2015 PLAIN PAPER SPECIFICATIONS

OREGON QUARTERLY TAX REPORT (FORM OQ) – cont.

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
UI Tax Rate	28	23 – 27	.NNNN UI Tax Rate Assigned – Call 503-947-1488 if subject to UI tax and rate has not been received.
TriMet Transit Tax Rate	28	53 – 59	.007237 (for 2015)
Lane Transit Tax Rate	28	68 – 71	.0070 (for 2015)
Tax	30	23 – 35	UI Tax
Tax	30	38 – 50	State Withholding Tax
Tax	30	53 – 65	TriMet Transit Tax
Tax	30	68 – 80	Lane Transit Tax
Tax Already Paid	32	23 – 35	UI Tax Already Paid
Tax Already Paid	32	38 – 50	State Withholding Tax Already Paid
Tax Already Paid	32	53 – 65	TriMet Transit Tax Already Paid
Tax Already Paid	32	68 – 80	Lane Transit Tax Already Paid
UI Penalty and Interest	34	23 – 35	If Applicable (see instructions)
Total Tax Due	36	23 – 35	Total UI Tax Due
Total Tax Due	36	38 – 50	Total State Withholding Due
Total Tax Due	36	53 – 65	Total TriMet Transit Due
Total Tax Due	36	68 – 80	Total Lane Transit Due
Total Payment Due	40	68 – 80	NNNNNNNN.NN Right Justify
Workers' Benefit Fund (WBF) Assessment No. of Whole Hours Worked	42	30 – 35	NNNN Right Justify
WBF Assessment Rate	44	23 – 27	.033
WBF Assessment	46	23 – 35	Total WBF Assessment Due



2015 PLAIN PAPER SPECIFICATIONS

OREGON QUARTERLY TAX REPORT (FORM OQ) – cont.

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
WBF Assessment Already Paid	48	23 – 35	Assessment Paid this Quarter
Special Payroll Tax Offset	48	68 – 80 *	NNNNNNNN.NN Right Justify
Applied to UI Trust Fund	49	68 – 80 *	NNNNNNNN.NN Right Justify
Total WBF Assessment Due	50	23 – 35	Assessment Remaining to be Paid
1 st Month Withholding Tax	58	23 – 35	NNNNNNNN.NN
2 nd Month Withholding Tax	58	38 – 50	NNNNNNNN.NN
3 rd Month Withholding Tax	58	53 – 65	NNNNNNNN.NN
Total State Withholding Tax	58	68 – 80	NNNNNNNN.NN Right Justify
Prepared By	62	4 – 48	AAAAAAAAAAAAAAAAAAAAAAAAA
Date	62	51 – 58	MM-DD-YY
Preparer Telephone Number	62	61 – 80	NNN-NNN-NNNN x NNNNN

* Optional