

**2016 PLAIN PAPER SPECIFICATIONS
EMPLOYEE DETAIL REPORT (132 DOMESTIC)**

To meet the Employee Detail Report (Form 132 Domestic) 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 Domestic.

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:

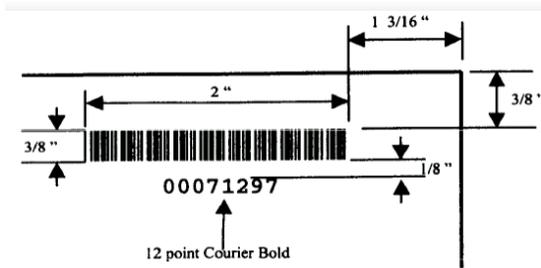
<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
Target Mark	See detail at end of table for placement	See detail at end of table for placement	Form should have two target marks in diagonal corners, upper left and bottom right
Form ID Barcode	See detail at end of table for placement	See detail at end of table for placement	3 of 9 barcode based Form Id field
Form Title	3	32 - 55	FORM 132 DOMESTIC
Business Name	6, 7	4 – 33	Left Justify
Total Subject Wages	9	26 – 38	NNNNNNNNNN.NN First Page Only
Business Identification Number (BIN)	9	61 – 69	NNNNNNN-N Left Zero Fill
Quarter/Year	9	77 – 80	N/NN
Social Security Number	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	7 – 17	NNN-NN-NNNN
First Initial	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	25	FIRST INITIAL
Employee Last Name	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	30 – 44	LAST NAME
Whole Hours Worked	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	47 – 49	NNN
Total Subject Wages	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	55 - 65	NNNNNNNN.NN Right Justify; Left Space Fill

**2016 PLAIN PAPER SPECIFICATIONS
EMPLOYEE DETAIL REPORT (132 DOMESTIC) - continued**

State Withholding Taxes	15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53	70 – 81	NNNNNNNN (Without Cents) Right Justify; Left Space Fill
Page Total Subject Wages	55	53 - 65	NNNNNNNNNN.NN Right Justify; Left Space Fill
Page Total Withholding Taxes	55	70 – 81	NNNNNNNN (Without Cents) Right Justify; Left Space Fill

Form ID Barcode Specification:

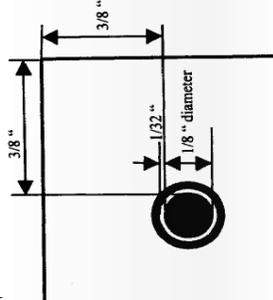
- Form ID string of 8 numeric characters: first 4 digit represent form ID number, and the last 4 digit represent the revision month/year.
- Code 39 (also called code 3 of 9) barcode is recommended. Code 39 accommodates upper case alpha, numeric, and few punctuation characters.
- Placing barcode at the top portion of the form works best.
- Form ID barcode should locate at the same position on all the forms. It is recommended that the Form ID barcode for all forms be placed at 3/8" below the top paper edge, and 1 3/16" off the right paper edge.
- Allow at least 3/8" margin from the paper edge and surrounding black objects, and 2" margin from the bottom of the page.
- Minimum barcode dimension is 2.0" wide and 3/8" high.
- The form ID string should be printed 1/8" beneath the barcode in 12 point Courier Bold font.



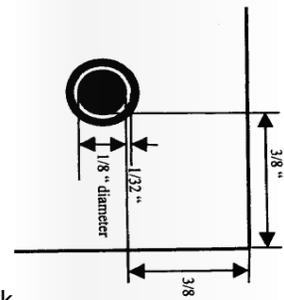
Target Mark Specification:

Target marks are used to accurately determine the location of each OCR/ICR fields.

- Place Target marks a minimum 3/8" away from the paper edge and surrounding black objects.
- Each form should have at least 2 target marks, placed at the diagonal corners.
- An ideal target mark is a solid black circle with minimum 1/8" in diameter, and surrounded by a thin ring printed in drop-out ink. The maximum space between the black circle and the drop-out ring is 1/32". The purpose of the two-tone target mark is to make certain the two- steps print is aligned. The form should be rejected if the black circle touches the drop-out ring (no space between them).



Top – left target mark



Bottom – right target mark

**2016 PLAIN PAPER SPECIFICATIONS
OREGON ANNUAL TAX REPORT (FORM OA DOMESTIC)**

To meet the Oregon Quarterly Tax Report (Form OA Domestic) 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 OA Domestic.

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 Title	3	32 - 54	FORM OA DOMESTIC
Form Code	4	77 - 81	11111
Business Name	4 - 9	4 - 33	Left Justify
Business Identification Number (BIN)	6	61 - 69	NNNNNNN-N Left Zero Fill
Quarter/Year	6	77 - 80	4/NN
Return Due By	8	63 - 78	January 31,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
Wages over \$36,900 Per employee per year	24	23 - 35	UI only
Taxable Wages	26	23 - 35	UI only

**2016 PLAIN PAPER SPECIFICATIONS
OREGON ANNUAL TAX REPORT (FORM OA DOMESTIC) – 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.
Tax	30	23 – 35	UI Tax
Tax	30	38 – 50	State Withholding Tax
Tax Already Paid	32	23 – 35	UI Tax Already Paid
Tax Already Paid	32	38 – 50	State Withholding 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 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
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
1st Month Withholding Tax	58	23 – 35	NNNNNNNN.NN
2nd Month Withholding Tax	58	38 – 50	NNNNNNNN.NN

**2016 PLAIN PAPER SPECIFICATIONS
OREGON ANNUAL TAX REPORT (FORM OA DOMESTIC) – cont.**

<u>Item</u>	<u>Line Spacing</u>	<u>Column Positions</u>	<u>Print Formats</u>
3rd Month Withholding Tax	58	53 – 65	NNNNNNNN.NN
Total State Withholding Tax	58	68 – 80	NNNNNNNN.NN Right Justify
Prepared By	62	4 – 48	AAAAAAAAAAAAAAAAAAAAA
Date	62	51 – 58	MM-DD-YY
Preparer Telephone Number	62	61 – 80	NNN-NNN-NNNN x NNNNN