



Multnomah County Annual Withholding Tax Reconciliation Report

**MC WR
2004**

This form not required if you file this information electronically or if you use a third-party payroll service that forwards withholding information electronically.

Business name	Federal EIN	Business telephone number ()	
Person at business authorized to discuss your payroll account with us		Business FAX number ()	
Business street address			
City	State	Zip Code	
Business mailing address (if different than street address)			
City	State	Zip Code	

⇒ This form due not later than March 31, 2005 if you withheld Multnomah County Personal Income Tax from your employees and have not provided this information electronically or through a third-party payroll service.

Complete this form and "Employee Withholding Schedule" (see page 2), using your computer. After you have printed it, please send this form and completed personnel forms to:

**Multnomah County – ITAX
PO Box 279
Portland, OR
97207-0279**

You may also print this form and fill it in by hand.

Withholding By Quarter

Please enter amounts remitted (with Form MC PC 2004 or paid electronically) for each quarter as listed below

Quarter Ending 3/31/2004	
Quarter Ending 6/30/2004	
Quarter Ending 9/30/2004	
Quarter Ending 12/31/2004	
TOTAL REMITTED	

TOTAL SUM WITHHELD		(As reported on Employee Withholding Schedule -- page 2)
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If total sum withheld is different than total remitted, please attach explanation.

Signature	Date	Title/Position
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Employee Withholding Schedule

If withholding for 50 or more employees you must file electronically

Please enter the following information for each employee for whom Multnomah County Personal Income Taxes were withheld. Use additional forms if necessary. Tax withheld should agree with line 19 of employee Form W-2.

	Last Name	First Name	Social Security No.	Total Tax Withheld
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
Total Sum Withheld (sum of column)				