

Request for Self-Employed Coverage



Self-employed people may choose to participate in Paid Leave Oregon.

Choosing coverage under the Paid Leave Oregon program is a three-year commitment. You are required to pay quarterly contributions to the program based on your prior tax year's net income from self-employment (gross income minus expenses) following the approval of your application.

We recommend familiarizing yourself with the definition of self-employed as defined in ORS 657B.010 (22), all program terms, conditions, and requirements prior to sending an application. You can find information at paidleave.oregon.gov or request information by calling us at 503-947-1488.

Instructions:

- Fields marked with * are required
- Please ensure responses are legible
- We will notify you by mail after your application is reviewed
- Complete this form in black or blue ink
- Mail the completed form and required documents to the address on page 3

IDENTIFICATION

*First Name:	*Last Name:
Doing Business As (DBA):	
*Date of Birth (MM/DD/YYYY):	<input type="checkbox"/> Social Security Number (SSN) or <input type="checkbox"/> Individual Tax Identification Number (ITIN) *Number: _____
Drivers License/ State Identification Number:	
State Drivers License was issued:	

CONTACT INFORMATION

Phone Country:	Phone Type (circle one): Home Cell Work Other:
*Phone Number:	Email Address:

PHYSICAL ADDRESS

*Street Line 1:			
Street Line 2:			
Unit Type:	Unit Number:	*City:	
*State:	*Zip:	County:	Attention:

MAILING ADDRESS *(if different from physical address)*

*Street Line 1:			
Street Line 2:			
Unit Type:	Unit Number:	*City:	
*State:	*Zip:	County:	Attention:

BUSINESS DEMOGRAPHICS

What is your primary business activity*?
North American Industry Classification System (NAICS) Code, if known:

PROOF OF INCOME

You must complete your annual income verification and provide your Oregon and federal personal income tax return documents by April 30 each year to establish your net income from self-employment for the previous tax year. This information will be used to determine your contributions to the Paid Leave Oregon program and benefit amounts for future claims.

If you have not filed your Oregon income tax return for the previous tax year, submit your most recent tax return. Once you have filed your previous years tax return with the Oregon Department of Revenue (DOR), please submit a copy of the return to the Paid Leave Oregon program no later than October 30.

Do you file a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you the sole self-employed earner? <input type="checkbox"/> Yes <input type="checkbox"/> No
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You are required to attach **your Federal Personal Income Tax Return (Form 1040) and your Oregon Form OR-40, or Oregon Form OR-40-P**. You must also include all of your schedules.

If consent is provided, the Employment Department will verify with the Oregon Department of Revenue (DOR) the Oregon net income reported on the document. If you do not provide consent for the Employment Department to verify the Oregon net income from self-employment with DOR, you must provide an official Oregon tax return transcript from DOR.

I authorize the Oregon Department of Revenue to disclose my name, address, Social Security Number (SSN) or Individual Tax Identification Number (ITIN), and Oregon net income from self-employment for the tax year specified in this application to verify the information as reported or adjusted on my Oregon personal income tax return for the purpose of the administration of the Paid Leave Oregon program. I authorize the release of my information to the Employment Department employees who have signed a Department of Revenue secrecy agreement. Yes No

***What is your net income from self-employment as reported on your Oregon personal income tax return?**
\$ _____

Please see page 3 for the different tax forms you can use to find your net income.

CERTIFICATION

- I certify under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief. I understand the law provides penalties for making false statements in order to obtain benefits through the Paid Leave Oregon program.
- I agree to all of the following: 1) pay contributions for a period of not less than three years (ORS 657B.130); 2) provide any information and documentation on my net income from self-employment that the department deems necessary for the administration of the elective coverage, including but not limited to, providing a copy of my Oregon personal income tax return (OAR 471-070-2010); and 3) provide additional information to confirm eligibility for elective coverage, if requested by the department.
- I understand that I may not terminate my self-employed individual elective coverage until that coverage has been in effect for at least three years, unless I file a bankruptcy petition, change employment status, or I have not earned at least \$1,000 in net income from self-employment in the preceding tax year, and that in order to request termination, I must submit a request to terminate and provide documentation that is approved by Paid Leave Oregon. (ORS 657B.130; OAR 471-070-2170)
- I understand that the department may terminate my self-employed individual elective coverage for any of the following reasons: 1) I am behind in paying my contributions, 2) I did not provide the annual income verification form, 3) I am no longer eligible, or 4) any other reason that disqualifies me from coverage and I will not be eligible to elect coverage for a three year period. (OAR 471-070-2170)
- I declare under penalty of perjury that the foregoing is true and correct.**

Executed this _____ day of _____, _____ at _____, _____ state.
month year city state

Signature: _____

Date: _____

Please return this form and the required attachments to:

Oregon Employment Department
Paid Leave Oregon Self-Employed Application
875 Union St NE
Salem, OR 97311

NEED HELP?

The Oregon Employment Department (OED) is an equal opportunity agency. Everyone has a right to use OED programs and services. OED provides free help. Some examples are sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other formats. If you need help, please call 833-854-0166. TTY users call 711. You can also ask for help at paidleave@oregon.gov.

FIND YOUR NET INCOME

Use the following information to find your net income from self-employment or independent contractor for you.

Oregon Residents (Form OR-40)

Type of business structure	"Net income"	Tax form	Tax form line
Sole proprietorship	• Net profit (loss)	Schedule C (Form 1040)	Line 31
Farm	• Net farm profit or (loss)	Schedule F (Form 1040)	Line 34
Partnership	• Guaranteed payments; and • Ordinary business income (loss)	Single filer - Schedule E (Form 1040)	Lines 28i and 28k
		Joint filer - Schedule K-1 (Form 1065)	Lines 1 and 4a
S Corporation	• Ordinary business income (loss)	Single filer - Schedule E (Form 1040)	Lines 28i and 28k
		Joint filer - Schedule K-1 (Form 1120-S)	Line 1

Part-Year Oregon Residents (Form OR-40-P)

Type of business structure	"Net income"	Tax form	Tax form line
Sole proprietorship	• Net profit (loss)	Form OR-40-P	Line 13S
Farm	• Net farm profit or (loss)	Form OR-40-P	Line 18S
Partnership	• Guaranteed payments; and • Ordinary business income (loss)	Look at your Oregon K-1	Line 1b and 4b
S Corporation	• Ordinary business income (loss)	Look at your Oregon K-1	Line 1b

VOLUNTARY DISCLOSURE

Providing this information is voluntary. We will collect your response for reporting purposes only and your answers do not impact your eligibility for Paid Leave Oregon coverage.

Do you have a disability? You would be considered to have a disability if you have a physical, intellectual, and/or developmental disability or medical condition that substantially limits a major activity, or if you have a history or record of a disability or medical condition.

- Yes
- No
- Prefer not to say
- Not sure (for authorized rep)

What is your veteran or military status?

- I am a Veteran of the U.S. Armed Forces, Military Reserves, or National Guard
- I am active U.S. Armed Forces, Military Reserves or National Guard
- I am not a veteran or I do not have a military status
- Prefer not to say
- Not sure (for authorized rep)

Which of the following best describes you? Please choose all that apply.

- American Indian, Native American or Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino/a/x
- Middle Eastern or North Africa
- Native Hawaiian, Pacific Islander
- White

- Not Listed

- Prefer to self-describe

- Prefer not to say
- Not sure (for authorized rep)

What is your primary language spoken at home?

- English
- Spanish
- Vietnamese
- Russian
- Mandarin
- Cantonese
- Arabic
- Somali
- Lao
- Amharic
- Farsi
- Not Listed

What is the highest degree or level of school you have completed?

- No school
- Less than high school
- Some high school, no diploma
- High school graduate, including GED or equivalent
- Technical, trade or vocational school

- Some undergraduate education or associate degree
- Bachelor's degree
- Postgraduate degree
- Prefer not to say
- Not sure (for authorized rep)

Are you of Hispanic, Latino/a/x or Spanish origin? Please choose one answer.

- Yes, I am of Hispanic, Latino/a/x or Spanish origin
- No, I am not of Hispanic, Latino/a/x or Spanish origin
- I don't know
- Prefer not to say
- Not sure (for authorized rep)

If you answer yes select one of the following:

- Central American
- Dominican
- Puerto Rican
- Mexican
- South/Central America
- Spain
- Prefer not to say
- Prefer to self-describe

- Not sure (for authorized rep)