



Oregon
Theodore R. Kulongoski, Governor

Department of Consumer and Business Services

January 3, 2008

Workers' Benefit Fund Assessment
Demand for Payment

Plain Language Improvements:

- Less "legalese" and more direct, clear wording
- Active voice

ATTENTION: PAYROLL
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
MEDFORD, OR

RE: BIN XXXXXXXX
AMOUNT DUE: \$50.97

Your Workers' Benefit Fund (WBF) assessment payment remains past due. Our records show you did not pay in full the bill we sent you on 11/26/2007. Please see reverse for a detailed account summary.

If you believe the amount due is incorrect, please contact me at the number below. Otherwise, you must pay in full within 30 days. Please send your payment with the coupon below. We have provided a return envelope.

If you do not pay in full or make satisfactory arrangements to pay, we will take steps to collect this debt. That may include the following:

- Issuing a warrant that, if recorded in the County Clerk Lien Record, may become a lien on property you own or acquire.
- Garnishing wages, property, or money held by others or owed to you.
- Submitting your account to the Department of Revenue to offset your state tax refund.
- Sending the account to a collection agency or the Department of Revenue for collection.

If we send your account to a collection agency, you will have to pay the agency's fee. You also will be charged interest at 9 percent per year.

If you have any questions, please contact me.

Margaret Whitehouse, Assessment Coordinator
503-947-7971

VA2375/VA8075

NOTE: This notice is only for balances you owe on your WBF assessment account. You may receive additional notices from this department or other agencies regarding other payroll tax programs or account issues.

To ensure proper credit, detach and mail with your payment.

Name: XXXXXXXXXXXXXXXXXXXXXXXX
BIN: XXXXXXXX
Due: \$50.97

Contact Name: _____
Phone: _____



Check appropriate box below:

Payment already made
 Payment enclosed \$ _____
(MAKE CHECK PAYABLE TO DCBS.)
 VISA MC Discover

Mail to:

DEPT CONSUMER AND BUSINESS SVCS
FISCAL SERVICES SECTION
PO BOX 14610
SALEM OR 97309-0445

_____ / _____
Card Number Exp. Date
\$ _____
_____ \$ _____
Cardholder Signature Amount

VA2375/VA8075 3Q2005 Do not write below this line
MPW / 01032008 / 02072008 ASDM FISCAL USE ONLY 38042/0390

300024894350101060000000XXXXX

After