40ES Instructions

You will need Adobe Acrobat Reader 4.05 or later to fill out and print this form. Version 3.0 may not display or print your information. If you can't install version 4.05 or later, you may order Form 40ES by filling out an online form or by calling our Tax Services Unit. The phone number is 1-800-356-4222 within Oregon or 503-378-4988 if you are out of state.

Form 40ES has fill-in capability. Please use your computer to fill in your information. Please do not fill out by hand. Handwritten forms may take longer to process.

Use the tab key to move from one fill-in field to the next. The space bar will create a check mark in a check box if it is selected. You may also use the pointer tool to move around and make check marks. **Don't use the return key.**

Save this fillable form to your computer's hard drive by pointing at the [Form] link and click on the right mouse button. You will see a small drop down menu with several choices. One of the choices might be "Save Target As," "Save this Link As," or Download Link to Disk." The wording will depend on whether you are using Netscape or Internet Explorer. Select the appropriate phrase and indicate where to save the file on your computer. Now open Acrobat Reader and then the form which is now on your hard drive.

Fill in the number for the quarter you are paying. It will be either 1, 2, 3, or 4.

Type your Social Security number(s) and the first four letters of your last name.

Fill in the amount of your payment.

Fill in your name, address, and telephone number. Click in the box if your address has changed.

Double check the information you typed.

Please print this coupon from your computer using standard 20 lb. bond paper. DO NOT USE FAX PAPER. When printing **do not** select "Fit to page" or reduce the print size. The form must be printed at full size (100 percent) in order to be processed.

Print an extra copy of the filled-in coupon for your records.

Make your check or money order payable to **Oregon Department of Revenue.** Be sure to write your Social Security number(s) on your check or money order. Please fill out your check(s) in blue or black ink. Our equipment can't read other colors.

Do not postdate your check.

Do not staple your check or money order to this coupon.

Do remove check stubs.

Cut along the dotted line.

Mail your Form 40ES and check to: Oregon Department of Revenue PO Box 14950 Salem OR 97309-0980

If you have any comments about this form, please fill out our User Survey at www.dor.state.or.us/survey.lasso. If you require a response, please include your e-mail address.

Complete the form below, using your computer. After you have printed it, cut along the dotted line and mail to the Department of Revenue.

When typing if you see a solid box instead of letters or numbers, adjust the view size to 100%. If the letters or numbers are still not visible, press the tab key.

Please cut along the dotted line.

City

	Quarter	Form 40ES	Oregon Individual Estimated Tax	For Tax Year 2003	Fo Date Rec	r Department Use Only eived	
	Social Securi	ty number			See ir	nstructions on the back.	
			First four letters of y	First four letters of your last name			
Spo	ouse's Social S	ecurity number				Enter Payment Ame	ount
			First four letters of	First four letters of spouse's last name			.00
	Last n	ame, first name, and	initial	Spouse's last name, first name, and initial (if joint payment)			
	Mailin	g address		1		Check if new add	ress

State

ZIP code

Telephone number