Clear Form

FORM
TSE-V

OREGON TRANSIT SELF-EMPLOYMENT TAX PAYMENT VOUCHER INSTRUCTIONS

2005

Use this form to send the following payments:

- Tax due when you file your 2005 return. Check the "2005 Return" box.
- Tax due by the 2005 return due date, if you are filing your 2005 return on **extension.** Check the "2005 Extension" box.
- Tax due with an **amended return** for any tax year. Check the "Amended Return" box and fill in the tax year.
- Tax due with an **original return** for a prior tax year. Check the "Prior Year Return" box and fill in the tax year.

Helpful tips:

- **Tax Year:** Check the box for calendar OR fiscal year. If you are a fiscal year filer, fill in the beginning and ending dates of your tax year. Use the tax year in which your fiscal year began.
- **Tax Return Type:** Check the box for either TM or LTD return. **Use a separate voucher for each payment.**
- **SSN:** Fill in your SSN (Social Security number) if you are an individual filer.
- **BIN:** Fill in the BIN (Oregon business identification number) if known. If this is your first filing with the department, leave blank and a BIN will be assigned.
- **FEIN:** Fill in your FEIN (federal employer identification number).

Make your check payable to: Oregon Department of Revenue. To ensure proper credit to your account, write the filer's name, SSN or FEIN, BIN (if known), tax year, and "TSE Tax" on your check.

Mail the voucher with your payments to:

Oregon Department of Revenue
PO Box 14003
Salem OR 97309-2502

Do not use this form as an extension to file your return. Oregon accepts the extension you filed for your federal income tax. Do not send a copy now. When you file, check the extension box on the return and attach a copy of the federal extension with your 2005 return.

☑ Did you know that you can print additional vouchers at www.oregon.gov/DOR?

Always include the completed voucher with your check

OREGON TRANSIT SELF-EMPLOYMENT TAX PAYMENT VOUCHER

150-500-172 (Rev. 12-05) Web

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Department of Revenue Use Only

- **Tax Year** (check only one):
  - ☒ Calendar Year
  - ☐ Fiscal Year— Begins: ___ | ___ | ___
    Ends: ___ | ___ | ___
- **Payment Type** (check only one):
  - ☐ **2005** Return
  - ☐ **2005** Extension Payment
  - ☐ Amended Return—Tax Year: _____
  - ☐ Prior Year Return—Tax Year: _____
- **Tax Return Type** (check only one):
  - (230) ☐ TM (TriMet)
  - (240) ☐ LTD (Lane Transit District)
- SSN: _____
- BIN: _____
  FEIN: _____

Enter Payment Amount

$ _____ . 0 0

Name of Filer on Tax Return: _____ Telephone No.: _____

Business Address: _____ ☐ First Time Filer

City: _____ State: _____ Zip Code: _____ ☐ New Name or Address