

## Use this form to send the following payments:

- Tax due when you file your original return for any year.
- Tax due by the return due date, if you are filing your return on extension.
- Tax prepayments made prior to filing your return.
- Tax due with an **amended return** for any 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.
- 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 your 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

This voucher is not an extension to file. Oregon accepts the extension you have for your federal return. If you need an extension of time to file for Oregon only, fill out the federal extension form and write "for Oregon only" at the top. Do not send a copy now. Include the extension form when you file your return, and check the "Extension" box.

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

<b>OREGON TRANSIT</b> 150-500-172 (Rev. 12-06)	SELF-EMPLOYN		TSE-V	Department of Revenue Use Only
• Tax Year (check only one)	:	• Payment Type (check only one):		
Calendar Year		Return	• Tax Return Type (check only one):	
Fiscal Year – Begins:		Extension Payment	(230) TM (TriMet)	
Ends:		Prepayment	(240) LTD (Lane Transit District)	
		Amended Return		
• SSN:			Enter Payment Amount	
• BIN:			\$	0 0
FEIN:			Ψ	.00
	Name of Filer on Tax	Return:		
First Time Filer	Business Address:			
New Name or Address	City:	State:	Zin Code	: