FORM
20-V OREGON CORPORATION TAX PAYMENT VOUCHER INSTRUCTIONS 2004

This voucher may be used to remit the following payments:

- **Tax due when you file your 2004 return.** Fill in the appropriate boxes and include the voucher with your check in the same envelope as your 2004 Oregon corporation tax return.
- **Tax due by the 2004 return due date, if you are filing your 2004 return on extension.** Fill in the appropriate boxes and include the voucher with your check. *Do not send copy of federal extension—save the federal extension and attach it when you file your 2004 return.*
- **2005 Estimated tax payments for any quarterly due date.** Fill in the appropriate boxes (include beginning and ending dates of your tax year if you use a fiscal year, and the quarter for which the payment is intended) and include the voucher with your check.
- **Tax due with an amended return, for any tax year.** Fill in the appropriate boxes and include the voucher with your check in the same envelope as your amended return.
- **Tax due with an original return for a prior year tax.** Fill in the appropriate boxes and include the voucher with your check in the same envelope with your prior year's tax return.

Mailing information:

Please send estimated tax payments and extension payments to:

Oregon Department of Revenue
PO Box 14780
Salem OR 97309-0469

Please send all other payments with return to:

Oregon Department of Revenue
PO Box 14790
Salem OR 97309-0470

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

OREGON CORPORATION TAX PAYMENT VOUCHER

150-102-172 (Rev. 12-04) Web

FORM
20-V

Clear Form

• **Tax Year** (check only one):
☐ Calendar Year
☐ Fiscal Year— Begins: ___|___|___
Ends: ___|___|___

• **Payment Type** (check only one):
☐ **2004** Return
☐ **2004** Extension
☐ **2005** Estimated Tax—Quarter: ____
☐ Amended Return—Tax Year: _____
☐ Prior Year Return—Tax Year: _____

• **Tax Return Type** (check only one):
(200) ☐ Excise (Form 20, 20-S, or 20-INS)
(202) ☐ Income (Form 20-S or 20-I)

• BIN: _____
FEIN: _____

Enter Payment Amount

$ _____.00

Corporation Name: _____
Corporation Address: _____
City: _____ State: _____ Zip Code: _____

☐ First time filer
☐ New name or address