

OREGON TRANSIT SELF-EMPLOYMENT TAX PAYMENT VOUCHER INSTRUCTIONS

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 payment 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?

— Always include the completed voucher with your check —



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150-500-172 (Rev. 10-07) Web

FORM
TSE-V

Department of Revenue Use Only

• **Tax Year** (check only one):

Calendar Year _____

Fiscal Year — Begins: _____

Ends: _____

• **Payment Type** (check only one):

Return

Extension Payment

Prepayment

Amended Return

• **Tax Return Type** (check only one):

(230) TM (TriMet)

(240) LTD (Lane Transit District)

• **SSN:** _____

• **BIN:** _____

FEIN: _____

Enter Payment Amount

\$

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First Time Filer Name of Filer on Tax Return: _____

New Name or Address Business Address: _____

City: _____ State: _____ Zip Code: _____