FORM
20-V

Oregon Corporation Tax Payment Voucher Instructions

Use this voucher to send the following payments:

- Tax due for **original return,** which has been e-filed or mailed separately.
- Tax due by the original return's due date if you are filing for an **extension** on your return.
- **Estimated** tax payments.
- Tax due for an **amended** return filed for any year.

Do not use this voucher if:

- Payment is being sent electronically.

Required for accurate processing:

- **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.
- Enter your **BIN (Oregon business identification number, NOT your Oregon registry number),** if known. If this is your first filing with the department, check the first-time filer box and leave blank; a BIN will be assigned.
- Enter your **FEIN** (federal employer identification number), required.
- Check the **Composite Return** box only if you are a pass-through entity making a payment on behalf of corporate owners electing to be part of a Corporate Return.

Make your check payable to: Oregon Department of Revenue. To ensure proper credit to your account, write the filer's name, BIN or FEIN, and tax year on your check.

Mailing information:

Estimated and extension payments:

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

All other payments:

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

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

Visit www.oregon.gov/DOR/BUS/forms-corporation.shtml to print more vouchers

OREGON CORPORATION TAX PAYMENT VOUCHER

150-102-172 (Rev. 10-08) web

FORM **20-V**

Department of Revenue Use Only

Clear Form

● **Tax year** (check only one):

☐ Calendar year: _____

☐ Fiscal year — Begins: ___|___|_____

Ends: ___|___|_____

● **Payment type** (check only one):

☐ Original return
☐ Extension payment
☐ Estimated payment
☐ Amended return

● **Tax return type** (check only one):

(200) ☐ Excise (Form 20, 20–S, or 20–INS)
(202) ☐ Income (Form 20–S or 20–I)
(204) ☐ Composite Return

● BIN: _____

FEIN: _____

Enter payment amount

$ _____.00

☐ First time filer
☐ New name or address

Name of filer on return: _____

Filer address: _____

City: _____ State: _____ ZIP code: _____