FORM
TSE-V

Oregon Transit Self-Employment Tax Payment Voucher Instructions

Use this voucher to send the following payment types:

- Tax due when you file your **original return** for any year.
- Tax due by the original return's due date if you are filing for an **extension** on your return.
- Tax **prepayments** made before filing your return.
- Tax due with an **amended return** for any tax year.

Required for accurate processing:

- Check the **tax year** box for calendar or fiscal year. If you are a fiscal year filer, fill in the beginning and ending dates of your tax year.
- Check the **tax return type** box for either TM or LTD return. **Use a separate voucher for each payment.**
- Enter your **SSN** (Social Security number) if you are an individual filer.
- 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).

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

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-mass.shtml to print more vouchers

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150-500-172 (Rev. 11-08) web

FORM **TSE-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
- ☐ Prepayment
- ☐ Amended return

● **Tax return type** (check only one):
- (230) ☐ TM (TriMet)
- (240) ☐ LTD (Lane Transit District)

● SSN: _____
● BIN: _____
FEIN: _____

Enter Payment Amount

$ _____.00

☐ First-time filer
☐ New name or address

Name of filer on tax return: _____
Business address: _____
City: _____ State: _____ ZIP code: _____