Form OR-LTD-V

LTD Self-employment Tax Payment Voucher and Instructions

Online payments:
You may make payments directly online at www.oregon.gov/dor. Don't use this form with online payments.

Use this voucher ONLY if enclosing a payment for one of the following:
- Tax due when you file your **original return** for any year.
- Tax due by the original return's due date if you're filing for an **extension.**
- Tax due with an **amended return** for any tax year.
- Tax **prepayments** made before filing your return.

Required for accurate processing:
- Enter your **tax year beginning and ending dates.**
- **Individual filer:** Enter your SSN (Social Security number) if you're an individual sole proprietor or a member of a partnership and choose to file your own individual return. **Note:** Don't include the FEIN (federal employer identification number) if you're filing as an individual.
- **Partnerships:** Enter your FEIN if you're a partnership and including all your members on one return.

Don't combine your Lane Transit District self-employment tax payment with any other tax payment made to the Oregon Department of Revenue. **Make your check or money order payable to:** Oregon Department of Revenue. On your check, write the following:
- Daytime phone number.
- Tax year.
- "Form OR-LTD."
- SSN or FEIN.

Mail the voucher with your payment to: Oregon Department of Revenue
PO Box 14003
Salem OR 97309-2502

Note: This voucher isn't an extension to file. Oregon will grant an extension if you already submitted a federal extension to the IRS. If you need an extension for Oregon only, complete federal Form 4868 or 7004 and write "For Oregon only" at the top. Make sure to check the extension box on the transit return. Don't send the extension; keep with your tax records.

Cut on dashed line below to detach voucher. Visit www.oregon.gov/dor/forms to print more vouchers.

Clear form

Form OR-LTD-V, LTD Self-employment Tax Payment Voucher

● **Tax year:**
Begins: ___/___/_____
Ends: ___/___/_____

Office use only
●

● **Payment type** (check only one):
- ☐ Original return
- ☐ Extension payment
- ☐ Prepayment
- ☐ Amended return

First name and initial	Last name (if an individual filing)	SSN
Partnership's name (if a partnership filing)		FEIN
Current mailing address		
City	State / ZIP code	Contact phone ( )

150-560-172 (Rev. 10-18, ver. 02)

Enter payment amount
$ _____ .00