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

Tax year beginning (MM/DD/YYYY)				Tax y	ear er	nding	/DD/	/YYY																				
/	/						/			/																		
First name (if filer is	s an individual)										Initia	al																
Last name																												
Social Security nur	mber (SSN)																											
Partnership name	(if filer is a partı	nership	o)		_	_				_								_	_	_								
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Federal employer i	dentification nu	ımber	(FEIN)																									
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Business address					Т	Т											Т	Т	Т	Т								
City															St	ate			7IP	code	,							
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Contact phone																												
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Want to make your payment online? Find options at www.oregon.gov/dor.											Original return or extension																	
Use this voucher only if you're sending a payment separate fro your check, money order, or cashier's check payable to the Oregor of Revenue. Write "Form OR-LTD-V," the filer name, filer SSN or FE beginning and ending dates, and a daytime phone on your paymer cash. Mail the voucher and payment to:								on [FEIN	Depa N, th	artm e ta:	ent x yea						ayme		ırn									
Oregon Depai PO Box 14950 Salem OR 973)	venue	Э																									
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			150-56 Rev. 05		3, ver.	. 04)									\$, [, [T		. () (