

# 2018 Form OR-LTD

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Office use only	
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## Lane County Mass Transit District Self-Employment Tax

Submit original form—do not submit photocopy.

• Amended return

If you've previously filed a return, indicate if: <input type="checkbox"/> Name change <input type="checkbox"/> Address change		● Fiscal year beginning: Mo / Day / Year	
		● Fiscal year ending: Mo / Day / Year	
● First name and initial		● Last name (if an individual filing)	
● Partnership name (if a partnership filing)		● Social Security number (SSN)	
● Business address		● Federal employer identification number (FEIN)	
		-	
● City		● County	
● State		● ZIP code	
		Telephone ( ) -	

Did you file Form OR-LTD for 2017?

Yes  No (If no, give reason.) \_\_\_\_\_

●  An extension has been filed

Utility or telecommunications

Include your payment with this return.

Round all amounts to the nearest whole dollar.

1. Self-employment earnings from federal Schedule SE or Partnership Form 1065 .....	● 1.		.00	
2. Apportionment percentage from Schedule OR-TSE-AP .....	● 2.		.	%
3. Net self-employment earnings. Multiply line 1 by line 2.....	● 3.		.00	
4. Less: Exclusion. Not more than \$400 per taxpayer .....	● 4.		.00	
5. Net earnings subject to transit district tax. Line 3 minus line 4 .....	● 5.		.00	
6. Net tax. Multiply the amount on line 5 by 0.0073.....	● 6.		.00	
7. Prepayments .....	● 7.		.00	
8. <b>TAX TO PAY.</b> If line 6 is more than line 7, you have tax to pay. Line 6 minus line 7 .... <b>TAX TO PAY</b>	● 8.		.00	
9. Penalty and interest for filing or paying late .....	9.		.00	
10. Total amount due. Line 8 plus line 9.....	10.		.00	
11. <b>REFUND.</b> If line 7 is more than line 6, you overpaid. Line 7 minus line 6..... <b>REFUND</b>	● 11.		.00	

**Individuals:** Include a copy of your federal Schedule SE. **Business activity:**  Sales  Services

Other \_\_\_\_\_

**Partnerships:** Include a schedule listing each partner's name, Social Security number, partnership earnings, and exclusion.

**Apportioning:** You **must** include your completed Schedule OR-TSE-AP. If you don't provide your schedule as required, an unnecessary billing for tax may occur.

**Under penalty of false swearing, I declare that the information in this return and any enclosures is true, correct, and complete.**

Sign here X	Your signature	Date	Signature of preparer other than taxpayer	X
Pay online or make check or money order payable to: <b>Oregon Department of Revenue</b>		● License No.	Telephone ( ) -	
Mail your return to: <b>LTDSE, Oregon Department of Revenue</b> <b>PO Box 14003, Salem OR 97309-2502</b>		Address of preparer		
		City	State	ZIP code

**Do NOT attach your OR-LTD self-employment tax return to your Oregon income tax return, or any other form.**