Clear form

2020 Form OR-LTD

Lane County Mass Transit District Self-employment Tax

Oregon Department of Revenue

 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

You may file this return directly with us through Revenue Online, at www.oregon.gov/dor.

Fiscal year beginning (MM/DD/YYYY) / /

Fiscal year ending (MM/DD/YYYY) / /

See instructions for checkboxes (check all that apply)

☐ Amended return ☐ Name change ☐ Address change ☐ An extension has been filed

☐ Utility or telecommunications

Did you file Form OR-LTD for 2019? ☐ Yes ☐ No (if no, give reason.)

First name | Initial | Last name

Partnership name (if filer is a partnership)

Social Security number (SSN) – – | Federal employer identification number (FEIN) – | Phone – –

Business address

County

City | State | ZIP code –

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 0.0075 ..... 6. , , . 00
7. Prepayments ..... 7. , , . 00
8. **Tax to pay.** If line 6 is more than line 7, you have tax to pay. Line 6 minus line 7 ..... **Tax to pay** 8. , , . 00

9. Penalty and interest for filing or paying late.....9. , , , . 0 0

10. **Total amount due.** Line 8 plus line 9 ..... **Total Due** 10. , , , . 0 0

11. **Refund.** If line 7 is more than line 6, you overpaid.
Line 7 minus line 6 .....**Refund** 11. , , , . 0 0

Business activity: ☐ Sales ☐ Services

☐ Other (explain)

Individuals: You **must** include a copy of your federal Schedule SE.

Partnerships: You **must** 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 are true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

/ /

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY) / /

Phone – –

Preparer license number

First name of preparer

Initial

Last name of preparer

Address of preparer

City

State

ZIP code –

Pay online or make check or money order payable to: **Oregon Department of Revenue**

Mail your return to: **LTDSE, Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940**

Don't attach your OR-LTD self-employment tax return to your Oregon income tax return, or any other form.
Don't include a payment voucher with this return. Payments included when filing a transit return don't require a voucher.