

2021 Form OR-LTD Lane County Mass Transit District Self-employment Tax

Oregon Department of Revenue

Page 1 of 2 • 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)

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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 2020? 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.
2. Apportionment percentage from Schedule OR-TSE-AP 2.
3. Net self-employment earnings. Multiply line 1 by line 2 3.
4. Less: Exclusion. Not more than \$400 per taxpayer 4.
5. Net earnings subject to transit district tax. Line 3 minus line 4 5.
6. Net tax. Multiply the amount on line 5 by 0.0076 6.
7. Prepayments 7.
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.

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

Grid for penalty and interest amount with decimal point and two zeros.

10. Total amount due. Line 8 plus line 9 Total Due 10.

Grid for total amount due with decimal point and two zeros.

11. Refund. If line 7 is more than line 6, you overpaid.

Line 7 minus line 6Refund 11.

Grid for refund amount with decimal point and two zeros.

Business activity: Sales Services

Other (explain) [text box]

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 [signature line]

Date (MM/DD/YYYY)

Grid for date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X [signature line]

Date (MM/DD/YYYY)

Grid for date (MM/DD/YYYY)

Phone

Grid for phone number (###-###-####)

Preparer license number

Grid for preparer license number (#####)

First name of preparer

Grid for first name of preparer

Initial

Grid for initial

Last name of preparer

Grid for last name of preparer

Address of preparer

Grid for address of preparer

City

Grid for city

State

Grid for state

ZIP code

Grid for 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 Form 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.

