

2022 Form OR-LTD

Lane County Mass Transit District Self-employment Tax

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)

 / /
 / /

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 2021? 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-AP2.
3. Net self-employment earnings. Multiply line 1 by line 23.
4. Less: Exclusion. Not more than \$400 per taxpayer4.
5. Net earnings subject to transit district tax. Line 3 minus line 45.
6. Net tax. Multiply the amount on line 5 by 0.00776.
7. Prepayments7.
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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Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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 6Refund 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) / /

Preparer signature other than taxpayer

X

Date (MM/DD/YYYY) / / Phone - - Preparer license number

Preparer first name Initial Preparer last name

Preparer address

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 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.