2023 Form OR-LTD Lane County Mass Transit District Self-employment Tax       Oregon Department of a sector of											
Fisca	You may file this return directly with us th year beginning (MM/DD/YYYY) Fiscal year ending (MM/DD/	-	venue	Online,	at www.oi	regon.g	ov/dor.				
11504		,									
See	instructions for checkboxes (check all that apply)										
	Amended return Name change Address	change		An exte	ension has be	en filed					
	Utility or telecommunications										
Did y	rou file Form OR-LTD for 2022? 🔲 Yes 📃 No (if no, g	ive reason.)									
First ı	name (if filer is an individual) Initial Last nar	ne									
Partn	ership name (if filer is a partnership)										
Socia	I Security number (SSN) Federal employer identif	fication numbe	er (FEIN)		Contact ph	one					
								_			
Busin	ess address								-		
City				State	ZIP	code					
Coun					1						
1.	Self-employment earnings from federal Schedule SE or Partnership Form 1065	1.		7			7		. 0 0		
0		[				0/					
2.	Apportionment percentage from Schedule OR-TSE-AP	2.	_			%			00		
3.	Net self-employment earnings. Multiply line 1 by line 2	3.									
4.	Less: Exclusion. Not more than \$400 per taxpayer	4.		7	7		7		00		
5.	Net earnings subject to transit district tax. Line 3 minus line 4	5.		/	ī		T		00		
e	Net tax. Multiply the amount on line 5 by 0.0078	-		,					00		
6.	The tax. Wulliply the amount on line 5 by 0.0076	0.							0 0		
	Prepayments Tax to pay. If line 6 is more than line 7, you have tax to pay.	7.									
0.	Line 6 minus line 7	<b>pay</b> 8.		7	7		7		00		





## 2023 Form OR-LTD

	Page 2 of 2	<ul> <li>Use UPPERCASE letters.</li> </ul>	• Use blue or black ink.	• Print actual size (100%).	· Don't submit photocopies or use staple
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9. Penalty and i	nterest for filing or paying	g late	9		/	7	, r		0 0
11. Refund. If lin	<b>t due.</b> Line 8 plus line 9 . e 7 is more than line 6, yo line 6	ou overpaid.			r	, , , , , , , , , , , , , , , , , , ,			0 0
Business activity:	Sales Other (explain)	Services							
Individuals:	You <b>must</b> include a cop	y of your federal Sc	hedule SE.						
Partnerships:	You <b>must</b> include a sch	edule listing each pa	artner's name, S	Social Securit	y number, pa	artnership ear	nings, and ex	clusion.	
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 fa	alse swearing, I declare	e that the information	on in this retur	n and any er	nclosures ar	e true, corre	ct, and com	plete.	
x									
Date (MM/DD/YYYY)	/								
Preparer signature o	other than taxpayer								
x									
Date (MM/DD/YYYY)		Phone			Pre	parer license nu	umber		-
Preparer first name		Initial	Preparer last na	ne					
Preparer Address			1 1 1 1						
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.

