Form OR-OC-V

Oregon Department of Revenue

Oregon Composite Return Payment Voucher

Online payments:

You can make payments anytime at www.oregon.gov/dor. **Don't** use Form OR-OC-V with online payments.

Payments with a return:

If you're mailing a payment with your tax return, send the payment and return in the same envelope and **don't** use Form OR-OC-V. We accept checks, money orders, and cashier's checks. Don't mail cash. See the instructions for the return you are filing for the mailing address to send your return and payment.

Payments without a return:

If you're mailing a payment without a return, mail your check, money order, or cashier's check with Form OR-OC-V to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

Form OR-OC-V instructions

See Publication OR-OC for additional instructions for this voucher.

Tax year. Enter the month, day, and year for the beginning and end date of the tax year you are submitting the payment for. For most filers this will be January 1 through December 31 of the tax year. Example: For tax year 2019, enter:

Begins: 01/01/2019. Ends: 12/31/2019.

FEIN. Enter the federal employer identification number of the entity whose payment this is on behalf of.

Payment type. Check the appropriate box for the type of payment being made.

Taxpayer information. Completely fill out the information on the form. If your address has changed since the last time you filed a return, complete a *Change of Address/Name* form and mail it to us. Your address will not be updated using information on Form OR-OC-V.

Note: If you are viewing this form electronically and you see a solid box instead of letters or numbers, adjust the view size to 100 percent and press the tab key to move through the fields.

Cut on dashed line below to detach voucher. Visit www.oregon.gov/dor/forms to print more vouchers.

Clear form

Form OR-OC-V, Oregon Composite Return Payment Voucher

- **Tax year:**
  Begins: ___/___/_____
  Ends: ___/___/_____
- **FEIN:** ___–_____

Office use only
●

- **Payment type** (check only one):
  - ☐ Original return
  - ☐ Amended return
  - ☐ Extension payment
  - ☐ Estimated payment

Name of contact person			
Pass-through entity name			
Pass-through entity address			
City	State	ZIP code	Contact phone ( ) –

150-101-150 (Rev. 07-17-19, ver. 02)

Enter payment amount

$ _____ .00