

2018 Form OR-TM

Page 1 of 1, 150-555-001 (Rev. 10-18) Oregon Department of Revenue



Office use only	
1	2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tri-County Metropolitan Transportation District Self-Employment Tax

Submit original form—do not submit photocopy.

• Amended return

If you've previously filed a return, indicate if:		<input type="checkbox"/> Name change <input type="checkbox"/> Address change		● Fiscal year beginning: Mo / Day / Year ● Fiscal year ending: Mo / Day / Year	
● First name and initial		● Last name (if an individual filing)		● Social Security number (SSN)	
● Partnership name (if a partnership filing)				● Federal employer identification number (FEIN)	
● Business address			● County		
● City		● State	● ZIP code	Telephone () -	
Did you file Form OR-TM for 2017?				<input type="checkbox"/> An extension has been filed <input type="checkbox"/> Utility or telecommunications	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, give reason.) _____					

Include your payment with this return.

Round all amounts to the nearest whole dollar.

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 0.007537.....	● 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.	.00	
10. Total amount due. Line 8 plus line 9.....	10.	.00	
11. REFUND. If line 7 is more than line 6, you overpaid. Line 7 minus line 6.....	● 11.	.00	

Individuals: Include a copy of your federal Schedule SE. **Business activity:** Sales Services
 Other _____

Partnerships: 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 is true, correct, and complete.

Sign here X	Your signature	Date	Signature of preparer other than taxpayer X	
Pay online or make check or money order payable to: Oregon Department of Revenue		● License No.	Telephone () -	
Mail your return to: TMSE, Oregon Department of Revenue PO Box 14003, Salem OR 97309-2502		Address of preparer		
		City	State	ZIP code

Do NOT attach your OR-TM self-employment tax return to your Oregon income tax return, or any other form.