

2021 Form OR-TM Tri-county Metropolitan Transportation 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)

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-TM 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 0.007837 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. , , , .

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

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

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)

/ /

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY)

Phone

Preparer license number

/ / - -

First name of preparer

Initial

Last name of preparer

Address of preparer

City

State

ZIP code

Pay online or make check or money order payable to: **Oregon Department of Revenue**

Mail your return to: **TMSE, Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940**

Don't attach Form OR-TM to any other form, including your Oregon income tax return.

Don't include a payment voucher with this return. Payments included with a transit return don't require a voucher.

