2023 Form OR-TM

Oregon Department of Revenue

Tri-county Metropolitan Transportation District Self-employment Tax

You may file this re						_			-							
Fiscal year beginning (MM/DD/YYYY)	Fiscal year ending (MM/DD/YYYY)															
/ / /	/	/														
See instructions for checkboxes (check a	II that apply)															
Amended return Name c	hange	Addres	s change)		An e	xtens	sion ha	as bee	n filec						
Utility or telecommunications																
Did you file Form OR-TM for 2022?	Yes	No (if no,	give reas	son.)												
First name (if filer is an individual)	Initial	Last n	ame													
Partnership name (if filer is a partnership)																
Social Security number (SSN)	tification r	number	(FEIN)			Conta	ct pho	ne								
		- 🔝]-[
Business address																
City						Sta	ate	,	ZIP co	ode		_				
County																
Self-employment earnings from federa	ıl Schedule SF or				_		_									
Partnership Form 1065			1.			/			/		7				0	0
Apportionment percentage from Scheo	dule OR-TSE-AP		2.				•			%						
Net self-employment earnings. Multiply line 1 by line 2						7			7		7				0	0
4. Less: Exclusion. Not more than \$400 per taxpayer						7			7						0	0
Net earnings subject to transit district tax. Line 3 minus line 4						7			/		7] .	0	0
6. Net tax. Multiply the amount on line 5 by 0.008037						, [,						0	0
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7. Prepayments8. Tax to pay. If line 6 is more than line 7,			7.		\pm	′ <u> </u>	+				\exists	H	+]		
Line 6 minus line 7			o pay 8.			7			/] .	0	0

2023 Form OR-TM

Page 2 o	of 2 • Use UPPER	RCASE letters. •	Use blue or	black ink.	• Print ac	tual size	(100%).	• Don	't subm	it phot	ocopie	es or us	e stap	oles.			
9. Penalty and in	9. Penalty and interest for filing or paying late 9.									/ <u></u>	Ţ		, [, _	0 0
 10. Total amount due. Line 8 plus line 9							,			/ <u> </u>			/ <u> </u>				0 0
Business activity:	Sales Other (ex	Service	ces														
Individuals:	You must include	a copy of you	r federal S	chedule S	SE.												
Partnerships:	You must include	a schedule lis	ting each p	artner's	name, So	cial Se	curity n	umber	, partn	ership	earn	ings, a	nd e	xclusio	on.		
Apportioning:	You must include billing for tax may	-	ed Schedu	e OR-TS	E-AP. If y	ou don	't provid	de you	r sche	dule a	s req	uired, a	an un	neces	sary		
Under penalty of fa	alse swearing, I c	leclare that th	e informat	ion in th	is return	and ar	ny enclo	osures	are ti	rue, co	orrec	t, and	com	plete.			
X																	
Date (MM/DD/YYYY)	/																
Preparer signature o	other than taxpayer																
X Date (MM/DD/YYYY)		Phone							Prepare	ar licen	se nun	nher					
/ / / / / / / / / / / / / / / / / / / /									Гориго	110011	Jo Han				Т	1	
Preparer first name			Initial	Prepare	r last name)											
Preparer address																	
City								State		ZIP c	ode						
														-			
Pay online or mal					-				97309	9-094	0						
Don't attach Forr Don't include a p					_				don't	requ	ire a	vouch	er.				

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