TriMet Self-Employment Tax Payment Voucher Instructions

Use this voucher ONLY if enclosing a payment for the following:

- Tax due when you file your **original return** for any year.
- Tax due by the original return's due date if you are filing for an extension.
- Tax due with an **amended return** for any tax year.
- Tax **prepayments** made before filing your return.

Required for accurate processing:

- Enter your tax year.
- Individual filer: Enter your SSN (Social Security Number) if you are an individual sole proprietor or a member of a partnership and choose to file your own individual return.
 - **Note:** Do not include the BIN (Oregon business identification number) or FEIN (federal employer identification number) if you are filing as an individual.
- **Partnerships:** Enter your BIN if you are a partnership and including all your members on one return. If you do not know your BIN or this is your first year filing, leave blank.
- Partnerships: Enter your FEIN if you are a partnership and including all your members on one return.

Make your check or money order payable to: Oregon Department of Revenue. On your check, write the following:

- Daytime telephone number
- Tax year
- Form TM
- SSN or FEIN

Mail the voucher with your payment to:

Oregon Department of Revenue PO Box 14003 Salem OR 97309-2502

Note: This voucher is not an extension to file. Oregon will grant an extension if you already submitted federal Form 7004 to the IRS for your federal return. If you need an extension for Oregon only, complete federal Form 7004 and write "For Oregon Only" at the top. Make sure to check the extension box on the transit return. Do not send the extension, keep with your tax records.

	Visit	www.oregon.gov/dor/bus	iness/forms.shtml to prin	t more vouchers — —		
TriMet Self-Employment Tax Payment Voucher 150-555-172 (Rev. 10-11) • Tax Year				TM-V	Department of Revenue	Use Only
●Payment Type ☐ Return	(check only one): ☐ Extension	☐ Amended	☐ Prepayment			
Check if: ☐ First time Oregon filer ☐ Daytime Telephone Number ☐ New name or address					er payment amount	
Name of filer on tax return				\$		0 0
● SSN	♦BIN	FEIN				
Business address	1		City	St	ate ZIP code	