

If you filed your return:	Mail to:
On paper	PO Box 14555 Salem OR 97309-0940
With a 2-D barcode or electronically	PO Box 14720 Salem OR 97309-0463

Last name	First name and initial	SSN	<div> <div>\$</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>.</div> <div>0</div><div>0</div> </div>	
Spouse's/RDP's last name if joint payment	Spouse's/RDP's first name and initial	Spouse's/RDP's SSN if joint payment		
Current mailing address		City	State	ZIP code