

**Use this voucher to send the following payments:**

- Tax due for **original return**, which has been e-filed or mailed separately.
- Tax due by the original return's due date if you are filing for an **extension** on your return.
- Estimated** tax payments.
- Tax due for an **amended** return filed for any year.

**Do not use this voucher if:**

- Payment is being sent electronically.
- Payment is for pass-through entity owner payments, instead use Form TPV-19 (see Form OR-19, 150-101-182).

**Required for accurate processing:**

- **Check the calendar or fiscal tax year box.** If you are a fiscal year filer, fill in the beginning and ending dates of your tax year.
- Enter your **BIN (Oregon business identification number, NOT your Oregon registry number)**, if known. If this is your first filing with the department, check the first-time filer box and leave blank; a BIN will be assigned.
- Enter your **FEIN** (federal employer identification number), required.

**Make your check payable to:** Oregon Department of Revenue. To ensure proper credit to your account, write the filer's name, BIN or FEIN, and tax year on your check.

**Mailing information:**

- Estimated and extension payments:**
- Oregon Department of Revenue  
PO Box 14780  
Salem OR 97309-0469
- All other payments:**
- Oregon Department of Revenue  
PO Box 14790  
Salem OR 97309-0470

Note: This voucher is not an extension to file. Oregon accepts the federal extension. If you need an Oregon-only extension, fill out the federal extension form and write "for Oregon only" at the top. Do not send a copy now. Include the federal extension form when you file your Oregon return and check the "Extension" box on the Oregon return.

Go to [www.oregon.gov/dor/business](http://www.oregon.gov/dor/business) to print more vouchers.

**Oregon Corporation Tax Payment Voucher**

150-102-172 (Rev. 10-12)

- **Tax year** (check only one):
  - Calendar year: \_\_\_\_\_
  - Fiscal year — Begins: \_\_\_\_\_ Ends: \_\_\_\_\_
- **BIN:** \_\_\_\_\_  First-time filer
- FEIN:** \_\_\_\_\_  New name or address

- **Payment type** (check only one):
  - Original return
  - Extension payment
  - Estimated payment
  - Amended return

FORM 20-V

Department of Revenue Use Only

- **Tax return type** (check only one):
  - (200)  Excise (Form 20, 20-S, or 20-INS)
  - (202)  Income (Form 20-I or 20-S)

**Enter payment amount**

\$

--	--	--	--	--	--	--	--	--	--	--	--

. 0 0

Name of filer on tax return			
Filer address	City	State	ZIP code

