

For Tax Year		OREGON ESTIMATED INCOME TAX PAYMENT VOUCHER		FORM	
2014		150-101-026-3 (Rev. 12-13)		40-ESV	
or Fiscal Year Ending _____		<input type="checkbox"/> 1st Qtr: Due 4/15/14 <input type="checkbox"/> 2nd Qtr: Due 6/16/14		<input type="checkbox"/> 3rd Qtr: Due 9/15/14 <input type="checkbox"/> 4th Qtr: Due 1/15/15	
Check if: <input type="checkbox"/> First time Oregon filer <input type="checkbox"/> New name or address		Daytime Telephone Number _____			
				Enter Payment Amount	
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>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