## Form OR-40-V

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Oregon Department of Revenue

## **Oregon Individual Income Tax Payment Voucher and Instructions**

### **Online payments:**

You can make payments anytime at www.oregon.gov/dor. Don't use Form OR-40-V with online payments.

### Payments with a return:

If you're mailing a payment with your tax return, send the payment and return in the same envelope and don't use Form OR-40-V. We accept checks, money orders, and cashier's checks. Don't mail cash. See the instructions for the return you are filing for the mailing address to send your return and payment.

# Payments without a return:

If you're mailing a payment without a return, mail your check, money order, or cashier's check with Form OR-40-V to:

Oregon Department of Revenue PO Box 14950 Salem OR 97309-0950

Write "2019 Form OR-40-V" and the last four digits of your SSN or ITIN on your check.

#### Form OR-40-V instructions

**Tax year.** Enter the month, day, and year for the beginning and end date of the tax year you are submitting the payment for. For most filers this will be January 1 through December 31 of the tax year. Example: For tax year 2019, enter:

Begins: 01/01/2019. Ends: 12/31/2019.

**Payment type.** Check the appropriate box for the type of payment being made.

**Taxpayer information.** Completely fill out the information on the form. If your address has changed since the last time you filed a return, complete a *Change of Address/Name* form and mail it to us. Your address will not be updated using information on Form OR-40-V.

**Note:** If you are viewing this form electronically and you see a solid box instead of letters or numbers, adjust the view size to 100 percent and press the tab key to move through the fields.

Cut on dashed line below to detach voucher. Visit www.oregon.gov/dor/forms to print more vouchers.

Form O	R-40-	V, Oregon Indi	ividual Ind	come 1	ax Payment V	oucher		
● Tax yea Begins Ends	:	/	•	Office	use only	● Pay	ment type (check only Original return	one):
First name  Spouse's first name	Initial Initial	Last name Spouse's last name			SSN		Amended return  Extension payment	
Current mailing address							Estimated payment	
150-101-172 (Re	ev. 07-17-19	State ZIF	ode code	Cor	ntact phone		Enter payment a	mount - 00