

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Date of death (MM/DD/YYYY)

Decedent first name

[illegible]

Initial

9

Decedent last name

Decedent Social Security number (DSSN)

--	--	--

-

--	--

-

--	--	--	--

Executor name

Executor mailing address

City

State

--	--

ZIP code

Executor phone

Use this voucher only if you're sending a payment separate from a return. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-706-V," the decedent name, the DSSN, the date of death, and a daytime phone for the executor on your payment. Don't mail cash. Mail the voucher and payment to:

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



150-104-172
(Rev. 05-01-24, ver. 08)

Payment type (check one)

- ☐ Original return
- ☐ Prepayment
- ☐ Amended return

Enter payment amount

\$, , .