



City of Wilsonville 2015

South Metro Area Regional Transit District Self-Employment Tax

Last Name		First Name		Customer # (required)
Business Name				Federal EIN #
Business Address				Oregon BIN #
City	State	Zip Code	Phone #	
<p>1. Enter self-employment earnings here. If a taxpayer has more than one business, only include those businesses that have net earnings. Do not use a business with a net loss to offset a business with net earnings. Net earnings from self-employment is defined by ORS 267.380</p> <ul style="list-style-type: none"> • Individuals: From Federal Schedule SE, Section A, line 3; or Section B, line 3. Only earnings within district need be reported (apportion by sales within and outside the district). • Partnership: From Federal Partnership Form 1065. Partnerships are not subject to the tax; however, the partnership may choose to file one transit self-employment tax return and pay the tax for all of its individual members. 				\$
2. Less: Exclusion. Not more than \$500 per taxpayer. One \$500 exclusion is allowed per taxpayer no matter how many businesses an individual may have.				\$
3. Net earnings subject to transit district tax. Line 1 minus line 2.				
4. Self-employment transit tax. Multiply line 3 by 0.0050				\$
5. Prepayments – Report any prepayments made earlier in the year here.				\$
6. Tax to pay – Line 4 minus line 5				\$
7. Penalty – if paying up to 30 days after due date, multiply line 4 by 10% (0.10). Additional late penalty if paying over 30 days after due date, multiply line 4 by 15% (0.15).				\$
8. Interest – multiply line 4 by 1.5% (0.015) by the number of months payment first became delinquent (past original due date)				\$
9. Total amount due. Line 6 plus line 7 and line 8 Due by 04/15/2016				\$

Sign here. You MUST complete all information on this form and SIGN it.		
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.		
Print Name	Print Title	Date
Signature	Federal ID Number	Phone
Paid Preparer Use Only		
Preparer's name	Firm's Name (or yours if self-employed)	Date
Preparer's signature	PTIN EIN	Phone
Address	City	State Zip

Make checks payable to: **City of Wilsonville**

Mail your return to:

**City of Wilsonville
Transit Tax Department
PO Box 765
Wilsonville, OR 97070**

For questions contact: Shelly Marcotte
Phone: (503) 570-1586
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