



**City of Wilsonville**  
 South Metro Area Regional Transit District  
**2022 Self-Employment Tax**



Last Name		First Name		Customer # (required)
Business Name				Federal EIN #
Business Address				Oregon BIN #
City	State	Zip Code	Phone #	
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 <ul style="list-style-type: none"> <li>• <b>Individuals:</b> 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).</li> <li>• <b>Partnership:</b> 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.</li> </ul>				\$
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 <b>0.0050</b>				\$
5. Prepayments – Report any prepayments made earlier in the year here.				\$
6. <b>Tax to pay</b> – 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 <b>Due by 04/17/2023</b>				\$

<b>Sign here. You MUST complete all information on this form and SIGN it.</b>		
<b>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.</b>		
Print Name	Print Title	Date
Signature	Federal ID Number	Phone
<b>Paid Preparer Use Only</b>		
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**  
**29799 SW Town Center Loop E.**  
**Wilsonville, OR 97070**

For questions contact:  
 Phone: (503) 570-1518  
 Email: TransitTax@ci.wilsonville.or.us  
 Fax: (503) 682-1015