

Complete the form below, using your computer. You may also print the form and fill it in manually. After completion cut along the dotted line and mail to:



Multnomah County - ITAX  
PO Box 279  
Portland, OR  
97207-0279

**MC ES  
2004**

**For assistance, please call (503) 988-ITAX [4829]**

*Online estimated payments may be made at [www.multcotax.org/onlinepayments.shtml](http://www.multcotax.org/onlinepayments.shtml)*

**Instructions:**

- Fill in payment amount to be forwarded with form. Complete the remainder of the form including name(s), Social Security Number(s) and address(es).
- This form may be used for estimated payments and for extension requests (including extension requests with \$0 payment). Copies of extension requests filed with the IRS or The Oregon Department of Revenue will also be accepted as valid extensions. Extensions are generally extensions to file, not extensions to pay.
- Do NOT use this form for payments to be applied to taxable year 2005. Please use the form MC ES 2005 for taxable year 2005 payments.
- Make your check payable to "Multnomah County ITAX".
- Please be aware that tax paid after the original due date may be subject to penalty and interest.
- Enter your address. If this is the first communication from you, it is not necessary for you to check the "new" address box.

Please cut along the dotted line



|       |  |              |
|-------|--|--------------|
| Form  | Multnomah County Individual Tax (ITAX) | For Tax Year |
| MC ES | Payment Coupon                         | 2004         |

**MC ES  
2004**

Enter Payment Amount: \$

**Extension Request?**  
(see directions above)  
Check box to right if  
Extension requested

|   |                                  |       |                        |   |
|---|----------------------------------|-------|------------------------|---|
| Last Name of Taxpayer                                 | First Name and Initial           |       | Social Security Number |   |
| Last Name of Spouse (if different)                    | First Name and Initial of Spouse |       | Social Security Number |   |
| Residence Street Address                              |                                  |       |                        |   |
| City  |                                  | State | Zip Code               | <input type="checkbox"/> Check if new address<br>Daytime Telephone<br>( ) |
| Mailing Address (if different than residence address) |                                  |       |                        |   |
| City  |                                  | State | Zip Code               | <input type="checkbox"/> Check if new address                             |

FOR OFFICIAL USE ONLY, DO NOT WRITE IN BOXES BELOW

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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