Form OR-512



Oregon Monthly Tax Report for Nonexempt Cigarettes for Cigarette / Little Cigar Manufacturers

Due date is by the 20th day following this reporting period.

For tax year **2022**

Revenue use only						

Period end date	Federal employer ID number (FEIN)	Socials	security number (SSN)	Oregon lic	Oregon license or account number	
Business name (complete if	reporting with a FEIN)					
First name (complete if repo	orting with a SSN)	Initial	Last name			
DBA/ABN			1			
Address						
City						ZIP code
Contact person						 phone
Amended	New name	New ma	iling address			
Number of cigar	rettes distributed in Oregon		1.			
2. Number of little	cigars distributed in Oregon		2.			
3. Total sticks (line	1 plus line 2)		3.			
4. Tax rate			4.			x 0.1665
5. Total tax (line 3	x line 4)		5.	\$		
6. Penalty and inte	rest (see instructions)		6.	\$		
7. Total due (add l	ines 5 and 6)		7.	\$ _		
		Declarati	on			
	penalties for false swearing [ORS of true, correct, and complete.	305.990(4)] that I have examine	d this	document a	and to the best of
Signature					Date	
Χ						
Printed name signed above		Title			Phone	
150-105-016 (Rev. 08-12-21, vei	r. 01)					

Mail this report by the due date shown above.

Mail to: Cigarette Tax

Oregon Department of Revenue

PO Box 14110

Salem OR 97309-0910