

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  
**2025**



03262501010000

| Revenue use only   |
|--------------------|
| ● Date received    |
| ● Payment received |

|                 |                                     |                              |                                  |
|-----------------|-------------------------------------|------------------------------|----------------------------------|
| Period end date | ● Federal employer ID number (FEIN) | Social security number (SSN) | Oregon license or account number |
|-----------------|-------------------------------------|------------------------------|----------------------------------|

Business name (complete if reporting with a FEIN)

|   |         |           |
|---|---------|-----------|
| First name (complete if reporting with a SSN) | Initial | Last name |
|---|---------|-----------|

DBA/ABN

Address

|      |       |          |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

|                |               |
|----------------|---------------|
| Contact person | Contact phone |
|----------------|---------------|

Amended       New name       New mailing address

|  |    |    |
|--|----|----|
| 1. Number of cigarettes 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. |    |
| 5. <b>Total tax</b> (line 3 x line 4).....             | 5. | \$ |
| 6. Penalty and interest (see instructions) .....       | 6. | \$ |
| <b>7. Total due</b> (add lines 5 and 6).....           | 7. | \$ |

**x 0.1665**

**Declaration**

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document and to the best of my knowledge it is true, correct, and complete.

|                           |       |       |
|---------------------------|-------|-------|
| Signature                 | Date  |       |
| <b>X</b>                  |       |       |
| Printed name signed above | Title | Phone |

Mail this report by the due date shown above.

Mail to: **Cigarette Tax  
Oregon Department of Revenue  
PO Box 14110  
Salem OR 97309-0910**