

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

Revenue use only
<input type="radio"/> Date received
<input type="radio"/> Payment received

Period end date	<input type="radio"/> 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.	x 0.1665
5. Total tax (line 3 x line 4)	5.	\$
6. Penalty and interest (see instructions)	6.	\$
7. Total due (add lines 5 and 6)	7.	\$

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
X	
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**