Clear form

Form OR-MT-V
Oregon Marijuana Tax Monthly Payment Voucher

Oregon Department of Revenue

 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Quarter

Year (YYYY)

Month of sales

Account number

Business name

Federal employer identification number (FEIN)

Oregon Liquor and Cannabis Commission (OLCC) license number

Physical site address

City

State

ZIP code

Make your check or money order payable to the Oregon Department of Revenue.
On your check or money order, write the following:

- Daytime phone number.
- Marijuana account number.

Mail your voucher with your payment to:

Oregon Department of Revenue
PO Box 14630
Salem OR 97309

Payment type (check one)

- ☐ Original return
- ☐ Estimated payment
- ☐ Amended return

Enter payment amount

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(Rev. 05-01-24, ver. 06)