

FORM
PAYMENT

**PAYMENT
FORM**

For Office Use Only

OREGON BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Questions?
(503)378-4034

Fax (503)585-5797

Email: tax.bd@oregon.gov

Do NOT email this form

Website: www.oregon.gov/OBTP

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LICENSEE/APPLICANT

OBTP #: _____

PLEASE PRINT OR TYPE

NAME		
Last:	First:	Middle Initial:
Mailing Address:		
City:	State:	Zip Code: County:
Home Phone:	Business Phone:	
Cell Phone:	Fax:	* E-Mail:

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

SIGNATURE

Signature _____

Date _____

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REQUIRED PAYMENT INFORMATION PAYMENT FOR: (Please Check One)

DUPLICATE LICENSE (\$10)
(LOST STOLEN DESTROYED NAME CHANGE
OBTP # _____

DUPLICATE BUSINESS / BRANCH LICENSE (\$10)
LOST STOLEN DESTROYED
BUSINESS REGISTRATION # _____

REPLACEMENT CERTIFICATE (\$15)
LOST STOLEN DESTROYED

NSF CHECK or CC FEE (\$25)

OTHER AMOUNT \$ _____

CIVIL PENALTY AMOUNT \$ _____

(PLEASE NOTE OTHER HERE)

TOTAL AMOUNT

\$ _____

Questions? Email: tax_bd@oregon.gov or 503-378-4034

A \$25 administrative processing fee will be assessed for any payment dishonored by the bank per OAR 800-020-0025(21).

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Payments

Send Payments - Payable to: OBTP
3218 Pringle Rd SE, Ste 120, Salem OR 97302
or FAX (503) 585-5797

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____ Exp: ____ / ____

