

2025 Form OR-HERT-QR

Page 1 of 3, 150-553-002
(Rev. 07-31-24, ver. 01)

Oregon Department of Revenue



19772501010000

Office use only
Date received
Payment
Penalty date

Oregon Heavy Equipment Rental Tax Quarterly Return

Period ending: Mo / Day / Year <input type="checkbox"/> Amended return	<input type="checkbox"/> Check here if new name	<input type="checkbox"/> Check here if new mailing address
---	---	--

Business name (if sole proprietor complete next line)		Doing business as (DBA)	
Last name, first name, and initial (if reporting by SSN – if sole proprietorship)		Social Security number (SSN)	Federal employer identification number (FEIN)
Mailing address			Organization type code
City	State	ZIP code	Phone
Contact name		Contact phone	
Contact email			

First time filers

<input type="checkbox"/> Check here if new business; or	<input type="checkbox"/> Successor to previously existing business	Previous business name
Previous owner SSN (if no FEIN)		Previous business FEIN

Final filers

Reason of closure (check all that apply)			
<input type="checkbox"/> No longer doing business in Oregon	<input type="checkbox"/> No longer renting taxable equipment in Oregon	<input type="checkbox"/> Sold, merged, or reorganized	
Date of closure or change	Mo / Day / Year	If sold, merged, or reorganized, name of new business	
New owner SSN (if no FEIN)		New business FEIN	

Owner/officer information

List all affiliated owners/officers (include additional pages if needed).

1. Owner/officer name (last, first, middle initial)		Social Security number (SSN)	
Address	City	State	ZIP code
2. Owner/officer name (last, first, middle initial)		Social Security number (SSN)	
Address	City	State	ZIP code
3. Owner/officer name (last, first, middle initial)		Social Security number (SSN)	
Address	City	State	ZIP code
4. Owner/officer name (last, first, middle initial)		Social Security number (SSN)	
Address	City	State	ZIP code

Continued on page 2

2025 Form OR-HERT-QR

Page 2 of 3, 150-553-002
(Rev. 07-31-24, ver. 01)

Oregon Department of Revenue



19772501020000

Part A—List rental business locations

1. Business location address		City			State	ZIP code
County	Date this location started operation	Mo	Day	Year	Date this location ended operation (if applicable)	Mo Day Year
		/	/		/	/
1. Total gross receipts for this location..... 1. \$ <input style="width:100px;" type="text"/>						
2. Exemptions from gross receipts (see instructions) 2. \$ <input style="width:100px;" type="text"/>						
3. Taxable gross receipts for this location (line 1 minus line 2) 3. \$ <input style="width:100px;" type="text"/>						
4. Tax rate 4. X <input style="width:100px;" type="text" value="0.020"/>						
5. Total taxable receipts for this location (multiply line 3 by line 4) 5. \$ <input style="width:100px;" type="text"/>						

2. Business location address		City			State	ZIP code
County	Date this location started operation	Mo	Day	Year	Date this location ended operation (if applicable)	Mo Day Year
		/	/		/	/
1. Total gross receipts for this location..... 1. \$ <input style="width:100px;" type="text"/>						
2. Exemptions from gross receipts (see instructions) 2. \$ <input style="width:100px;" type="text"/>						
3. Taxable gross receipts for this location (line 1 minus line 2) 3. \$ <input style="width:100px;" type="text"/>						
4. Tax rate 4. X <input style="width:100px;" type="text" value="0.020"/>						
5. Total taxable receipts for this location (multiply line 3 by line 4) 5. \$ <input style="width:100px;" type="text"/>						

3. Business location address		City			State	ZIP code
County	Date this location started operation	Mo	Day	Year	Date this location ended operation (if applicable)	Mo Day Year
		/	/		/	/
1. Total gross receipts for this location..... 1. \$ <input style="width:100px;" type="text"/>						
2. Exemptions from gross receipts (see instructions) 2. \$ <input style="width:100px;" type="text"/>						
3. Taxable gross receipts for this location (line 1 minus line 2) 3. \$ <input style="width:100px;" type="text"/>						
4. Tax rate 4. X <input style="width:100px;" type="text" value="0.020"/>						
5. Total tax due for this location (multiply line 3 by line 4) 5. \$ <input style="width:100px;" type="text"/>						

Part B—Tax totals

6. Enter total tax due for all locations listed in Part A (sum of each line 5) 6. \$ <input style="width:100px;" type="text"/>
--

2025 Form OR-HERT-QR



19772501030000

Page 3 of 3, 150-553-002
(Rev. 07-31-24, ver. 01)

Oregon Department of Revenue

Part C—Taxpayer declaration/signature

Under penalties of false swearing, I declare that the information in this return and any attachments is true, correct, and complete. This information will be used primarily by the Oregon Department of Revenue for identification and compliance purposes.

NOTE: Retain a copy for your records.

Signature			<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Authorized agent			Date Mo Day Year / /					
X				Typed or printed name of person signing					Title		
Preparer name (if other than taxpayer)				Title							
Address				City			State		ZIP code		
Phone — —		Fax — —		Email							

Pay online or make check or money order payable to **Oregon Department of Revenue**. File your return on our website at www.oregon.gov/dor. **Mail this return on or before the due date shown in the instructions to:** Heavy Equipment Rental Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910.

For more information: Visit www.oregon.gov/dor/business or email us at osbp.help.dor@dor.oregon.gov.
Keep a copy for your records.