

Psilocybin registration instructions

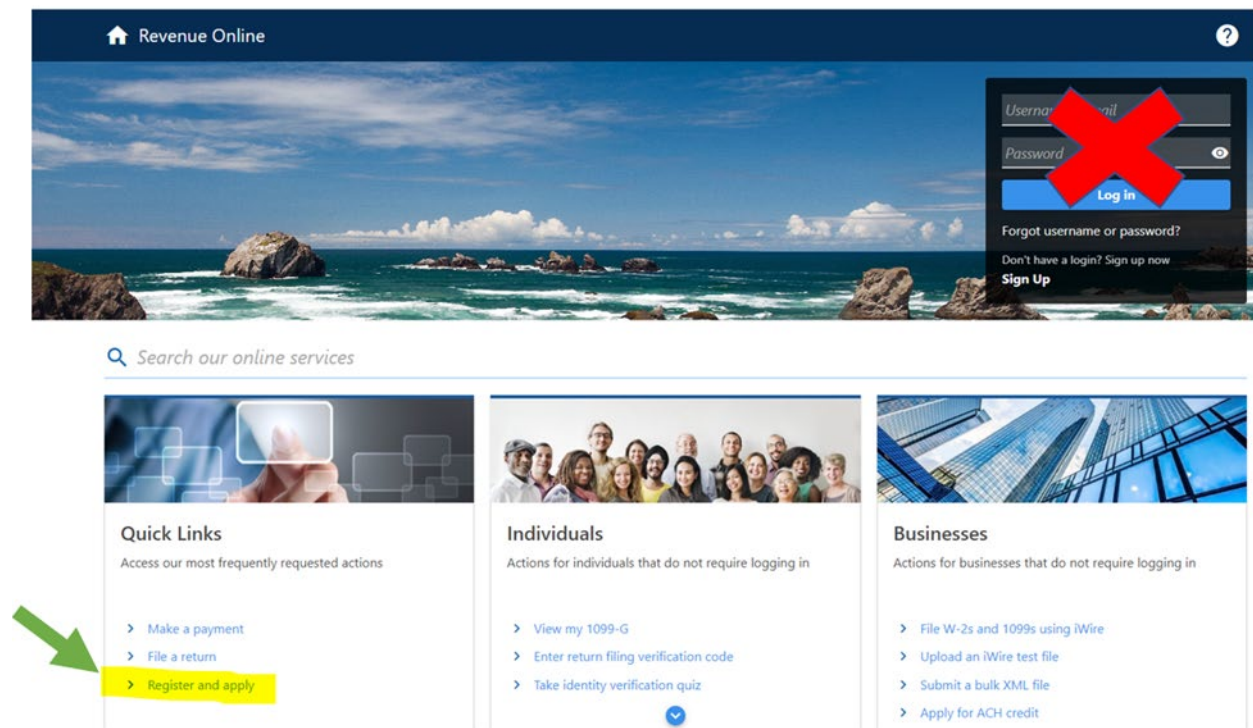
What you will need to register:

- Federal tax identifier
 - Federal employer ID number (FEIN) for the business (partnerships and corporations)
 - Social security number (SSN) for sole proprietorships or single member LLC
- Mailing address
- Location address of the psilocybin service center
 - If you have multiple psilocybin service centers, you will need to complete the registration process for **EACH** location where psilocybin is administered
- Oregon Health Authority issued psilocybin license number
- Valid email address or current Revenue Online login
- Date you began selling taxable products
- Owner/officer information for the business

Getting Started

To register, start by going to our website, [Revenue Online](#).

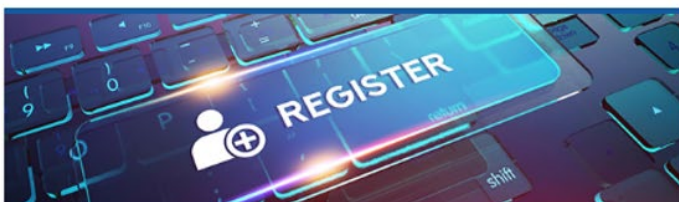
Look for the Quick Links section on the left side of the page and select the Register and apply option. You will NOT login to an account to register



On the next screen, find the **Registrations** section and select **Register for a business tax**.

Registrations and Applications

🔍 What are you looking for?



Registrations

Register for new business tax accounts

- > Register for a business tax
- > Register for marijuana tax



Applications

Apply for licenses and permits

- > Apply for a license to transport u
- > Apply for a cigarette and tobacco
- > Apply for Tobacco Retail License

Then select the **Psilocybin Tax** from the next screen.

Business Tax Registration

Submission

Registration

Account Selection

Account Selection

Persons or unitary groups with Oregon commercial activity exceeding \$750,000 must register for the Corporate Activity Tax (CAT). If you've previously registered and need to make changes to your account information, log in to your ROL account or contact the department. If you have additional questions, please visit our [CAT webpage](#).

Select the accounts you want to register for

<input type="checkbox"/> Bicycle Excise	Taxable bicycle sales by retailers.
<input type="checkbox"/> Corporate Activity	Taxable Oregon commercial activity.
<input type="checkbox"/> Heavy Equipment Rental	Taxable equipment rental by rental providers.
<input type="checkbox"/> High Hazard Oil Train	Transporting oil by rail in Oregon by owners.
<input checked="" type="checkbox"/> Psilocybin Tax	Psilocybin sales tax.
<input type="checkbox"/> PTE-Elective	Pass-through Entity Elective Tax.
<input type="checkbox"/> Vehicle Privilege	New vehicle sales by dealers.
<input type="checkbox"/> Vehicle Use	New vehicle sales by out-of-state dealers to Oregon residents.

After selecting the Psilocybin Tax type, you will need to complete the applicant information below.

<input checked="" type="checkbox"/> Psilocybin Tax	Psilocybin sales tax.
<input type="checkbox"/> PTE-Elective	Pass-through Entity Elective Tax.
<input type="checkbox"/> Vehicle Privilege	New vehicle sales by dealers.
<input type="checkbox"/> Vehicle Use	New vehicle sales by out-of-state dealers to Oregon residents.
Select your applicant type	
Am I a business or an individual? ?	
Business v	
Legal name	
ABC HEALTH SERVICES	
ID type	
Federal Employer ID (FEIN) v	
ID	
99-9999999	

[Cancel](#)[< Previous](#)[Next >](#)

- Am I a business or an individual?
 - You are an individual if you claim your business income on your federal personal income tax return.
 - You are a business if you file a corporation or partnership return.

The following screen will list the items needed to complete the registration process.

Submission

Registration	Requirements
Account Selection	
Requirements	

What you need to continue

To complete the registration process, you'll need:

- The mailing address for each account you are registering.
- The date you began selling taxable products.
- A valid email address **or** a current Revenue Online login.
- Oregon Health Authority issued psilocybin license number

For questions on how to complete this registration, please call us at 503-945-8100 option 2 or email us at Psilocybin.Help@DOR.Oregon.gov

[Cancel](#)[< Previous](#)[Next >](#)

The next section will capture taxpayer information. If you have previously registered or filed with DOR for a different program, some of your information may prepopulate.

Submission

Registration
Account Selection
Requirements
Taxpayer Info

Taxpayer Info

This is the address we have on file for this business. The only way to change this is to contact the Department of Revenue at (503) 378-4988.

Taxpayer Information

Name
ABC HEALTH SERVICES

FEIN
22-3334444

Contact Information

Contact type
Business

Contact name
JAMES DEAN

Phone type
Cell Phone

Country
USA

Country code
1

Area code
(503)

Phone number
555-5555

Extension

Mailing Address

Is the address outside of the United States?

No	Yes
----	-----

Street
955 CENTER ST NE

Street 2

Unit type	Unit
-----------	------

City SALEM	State OR - OREGON
---------------	----------------------

ZIP
97301-2555

Cancel

< Previous

Next >

The next section will ask for a list of owners and officers for the business. Click the **Add** button to get started.

*Please note this screen will be absent if you selected to register as an individual.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

Add owner/officer

Please list all owners and officers for your business.

To add owners or officers, click Add.

Add

Cancel

< Previous

You will need to select the owner type.

- Individual tax entities are specific people who are owners or officers of the business you are registering.
- Business tax entities are any companies that have ownership of the business you are registering.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

Please list all owners

Owner/Officer

Owner/Officer Identification

☒ Individual tax entities are specific people who are owners or officers of the business you are registering.

Owner type

Individual Tax Entity

ID type

Social Security Number (SSN)

ID

555-55-5555

☐ Owner/officer does not have a U.S. federal identifier.

Owner/Officer Information

First name

JAMES

Middle name

Last name

DEAN

Date of birth

✓

After entering the owner type and ID, you will complete the contact information for this person/entity and indicate their responsibilities.

Owner/Officer Mailing Address

Is the address outside of the United States?

No

Yes

Street

955 CENTER ST NE

Street 2

Unit type

Unit

City

SALEM

State

OR - OREGON

ZIP

97301-2555

Verify Address

Address verified

Owner/Officer Responsibilities

☒ Paying taxes

☐ Hiring/firing

☐ Determining which creditors to pay first

☒ Filing tax returns

Delete owner or officer

Cancel

< Previous

Next >

After adding an owner/officer, you will be asked if you would like to add more owners or officers.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Please list all owners and officers for your business.

Add another owner or officer?

Yes

No

Cancel

< Previous

If you need to add more owners and officers, you will select **Yes** and enter the same information for each additional owner/officer.

Once you have listed all the owners and officers, you can select **No** to this question and proceed to the next steps of the registration process.

The next screen will have you confirm again that the correct tax account type was selected for registration.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Instructions

Account Registration Instructions

- Psilocybin Tax

Cancel

< Previous

Next >

For the next section, you will need the date in which you began administering psilocybin, your OHA issued licensed number and the Business Identification Number (BIN) if the business has employees.

You can enter different contact information for the Psilocybin Tax account type if it is different than your other accounts.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Psilocybin Tax

Psilocybin Tax

What date did you begin selling taxable product?

01-Jan-2023

OHA License

OHA1234

Doing business as

XYZ MUSHROOMS

Do you have employees?

☒ No ☐ Yes

Is this account contact information different than your taxpayer contact information?

☒ No ☐ Yes

Is this account mailing address different than your taxpayer mailing address?

☒ No ☐ Yes

Additionally, you will need to provide the physical location where psilocybin is administered. If you have multiple locations where psilocybin is administered, you will need to submit a registration for **EACH** location.

Physical Location - Enter site location where psilocybin is administered

Street
955 CENTER ST NE

Street 2

Unit typeUnit
CityState
SALEMOR - OREGON
ZIP
97301-2555

Verify Address

✔ Address verified

Cancel

< Previous

Next >

The following screens will assist you with setting up an online account or linking your psilocybin account to an existing online account if you already have a login for our portal, Revenue Online.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Psilocybin Tax

Revenue Online

Login

Login

Do you have a Revenue Online account?

NoYes

Third-party access

Are you a third party requesting access to the taxpayer being registered?

NoYes

Examples - Who should use third-party access? ⓘ

Cancel

< Previous

Next >

If you have an existing Revenue Online account, you will need to enter your username and password.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Psilocybin Tax

Revenue Online

Login

Login

Do you have a Revenue Online account?

☐ No

☒ Yes

[Associated Login Caption]

Username / Email

myemail@mail.com

Password

Cancel

< Previous

Next >

If you do not have an existing Revenue Online account, the next screen will help you sign up for an online account. You will enter your email, contact information, and choose a password and security question. This will create an online account you can use in the future to file your quarterly psilocybin tax returns.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Psilocybin Tax

Revenue Online

Login

Sign Up

Sign Up

Please fill in all of your information to sign up for a Revenue Online account. You must create an account to file returns or make payments.

Contact Information

Email - This will be your username.

myemail@mail.com

Verify email

myemail@mail.com

First name

JAMES

Last name

DEAN

Phone type

Cell Phone

Phone country

USA

Phone number

(503) 555-5555

Password and Security Question

Password

Verify password

Password requirements:

- Must be between 8 to 15 characters in length.
- Contain both letters and numbers.
- Use a special character (!, @, #, \$, %, ^, &, *).
- Have both upper and lowercase letters.
- Cannot be the same as your username.

Secret question

What was your childhood nickname?

Secret answer

Confirm answer

Cancel

< Previous

Next >

This will create an online account you can use in the future to file your quarterly psilocybin tax returns.

The final screen will have you review some of the core registration information. Once this information has been confirmed, select the **Submit** button to submit the registration.

Submission

Registration

Account Selection

Requirements

Taxpayer Info

Owners/Officers

DEAN, JAMES

Add owner/officer

Account Info

Instructions

Psilocybin Tax

Revenue Online

Login

Sign Up

Summary

Name : ABC MUSHROOMS

ID : **-***5555

Mailing address : 955 CENTER ST NE SALEM OR 97301-2555

Account : Psilocybin Tax

Taxable sales began : 1/1/2023


Account address : 955 CENTER ST NE SALEM OR 97301-2555

Revenue Online login : myemail@mail.com

Cancel

< Previous

Submit




Once the registration has been successfully submitted, a confirmation number will be provided for your records.

Confirmation


Thank you for your submission. Your confirmation number is 1-915-090-048. We are sending you a confirmation email. Please check your spam folder if you don't see it. You can file returns and make payments for these accounts by logging in to Revenue Online.

Printable View


OK



You can select the **Printable View** box to get a printer friendly confirmation page.

 Oregon <small>Tina Kotek, Governor</small>	Department of Revenue 955 Center St NE Salem, OR 97301-2555 www.oregon.gov/dor
Date: February 02, 2023	
Registration Information	
Customer Name: ABC MUSHROOMS DBA: YYX MUSHROOMS FEIN: XX-XXX5555 Cell Phone: (503) 555-5555 Mailing Address: 955 CENTER ST NE SALEM, OREGON 97301-2555	
Owners/Officers	
Name: JAMES DEAN SSN: XX-XX-5555 Address: 955 CENTER ST NE SALEM, OREGON 97301-2555, USA Paying taxes: Yes Hiring/firing: No Pay creditors: No Filing tax returns: Yes	
Account Information	
Psilocybin Account Commence: 01-Jan-2023	
Revenue Online Login	
Login: myemail@mail.com Name: JAMES DEAN Phone: (503) 555-5555	

Additionally, an email will be sent confirming your registration submission with the confirmation number.

<p>We have received your Psilocybin Tax Return request. Your confirmation number is 2-090-139-648.</p> <p>This request may take additional time to process.</p> <p>Click here to go to Revenue Online.</p> <p>Need Help? Contact us. (503) 378-4988 or (800) 356-4222 questions.dor@oregon.gov</p> 

Need help?

Phone: 503-945-8329

Email: psilocybin.help@dor.oregon.gov

Online: [Psilocybin Webpage](#)