INSTRUCTIONS FOR COMPLETING FORM OES-33

- Firm Name: Enter legal entity and firm name.
- Enter registration number as assigned by the Oklahoma Employment Security Commission Account No.:
- Address: Enter proper mailing address, city, state and zip code

Enter amount of refund claimed.

- Signature:
- (1) If employer is a sole proprietor, the application must be signed by the owner;
 - (2) If the employer is a Corporation, the application must be signed by the president, treasurer or other principal officer;
 - (3) If the employer is a partnership or other unincorporated organization, the application must be signed by a duly authorized member of the organization.

OES-33 (Rev. 3-23)

State of Oklahoma

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. Box 52003 Oklahoma City OK 73152-2003

REFUND APPLICATION

See reverse side for instructions

Firm Name			Account No.
Address			
City			
State	ZI Phone	IP Code	SEND to Employerunitfax@oesc.ok.gov
	Email		

AMOUNT OF REFUND CLAIMED: \$ NOTE: DO NOT USE THIS CREDIT on subsequent reports. Using this credit on subsequent reports could cause interest charges at a later date.						
Firm:			Date:			
Signature: OVER \$5,000.00	Notary Required		Title:			
	Subscribed and sworn to before me this :	day of		, 20		
	Notary Public:	My Commission	e Expires:_			

FOR COMMISSION USE ONLY

Refund is hereby [] granted [] denied in the	for the following reason	
Verified:	Date:	



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