



**OKLAHOMA**  
Tax Commission

# **Tax Exempt Manufacturing Reference Information**

**Oklahoma Constitution  
Article 10 Section 6B**

**Title 68 Section 2902 (2001)  
of the Oklahoma Statutes**

**Rules Title 710  
Chapter 10**

**Instructions for Application for Five-Year Ad Valorem Tax Exemption for  
Oklahoma Manufacturing or Research and Development Facilities  
Form 900-XM**

Every question must be completed. If additional space is needed to properly answer or explain any item, attach additional pages and identify as to item or question number. Some questions may not apply in your situation; mark those questions N/A for not applicable.

Submit one application for each year in which assets were acquired. Since each asset group will have a different number of years of remaining eligibility, assets acquired in different years must be separated and submitted on separate applications. In some cases applicants may be filing five complete sets of applications, one for each asset group. Upon completion of application please mail to the county assessor's office in which the facility is located. Do not use previous year(s) forms. Use only Form 900-XM on the Oklahoma Tax Commission (OTC) website.

Page 1 - The year in which each asset group was acquired should appear in the upper left section marked Assets Acquired \_\_\_\_\_.

Page 1 - The tax year for which you are filing the application should appear in the first paragraph in the blank marked January 1, \_\_\_\_.

Question 1 asks for the North American Industrial Classification System (NAICS) for each specific activity and a description of the activity. North American Industrial Classification System Manuals are published by the Office of Management and Budget in Washington D.C., and can be obtained at most libraries. In describing the activity, please be as descriptive as possible.

You must answer either question 6A, 6B, 6C or 6D to indicate which of the four possible eligible scenarios applies to your situation if real estate is involved.

Question 7 indicates the amounts of exemption you are claiming on eligible property located in Oklahoma on January 1. You must be explicit and be able to provide documentation to substantiate the amounts reflected on the itemized asset list.

Question 8 pertains to leased assets which are eligible if a state of leasehold equity exists. When a lease is structured as a mortgage or with the lease payments dedicated to debt retirement, the assets may be eligible for the exemption.

Page 4 is the signature page. Be sure that the signature and notary is correct and current. If other than a company officer, Form BT-129 Power of Attorney (located on the OTC website), must be attached each year of the application.

Page 5 is the State of Oklahoma Employment Level and Payroll Affidavit. Complete this form as instructions indicate (example attached).

Page 6 is the Personal Property Appraisal Worksheet. List the Item Number, Description of Equipment, Purchase Year, Investment Cost, Description of Intangible Personal Property, Intangible Personal Property Amount and Total After Intangibles (example attached).

\*Page 6 - Intangible personal property is nontaxable in Oklahoma beginning January 1, 2013. Any intangible personal property that is embedded in the qualifying investment amount must be itemized on page 6. The amount calculated for reimbursement must not contain any intangible personal property value. The investment amount will not be affected, only the amount for local reimbursement. Intangible personal property must be identified, documented and valued by the applicant. The OTC reserves the right to request additional information.

## Application for Five-Year Ad Valorem Tax Exemption for Manufacturing or Research and Development Facilities

Incomplete applications will be null and void.  
See enclosed instructions.

To County Assessor of \_\_\_\_\_ County

Year Company was Established in Oklahoma \_\_\_\_\_

Year This Facility Became Operational in Oklahoma \_\_\_\_\_

Year Assets Acquired \_\_\_\_\_ Federal ID # \_\_\_\_\_

Manufacturers Sales Tax Exemption Permit # \_\_\_\_\_

FOR ASSESSOR USE ONLY	
Application XM #	Millage
Date Filed	School Dist.
Real Acct #	Pers Acct #

Application is hereby made for ad valorem tax exemption on an exempt manufacturing facility or research and development facility located in the above county on January 1, \_\_\_\_\_, in accordance with the provisions of Title 68 Section 2902 of the Oklahoma Statutes, as amended.

Applicant Name:
Mailing Address:
Corporate Contact Name, Telephone and Email Address:
Facility Contact Name and Telephone:
Facility Physical Location:
Employee Basic Health Insurance Carrier:
Insurance Carrier Mailing Address:
Policy Number:
Applicable NAICS Code(s) and Materials Used:
Manufacturing Activity Description:

2. Is the facility a research and development facility as defined in Title 68 Section 2902 (2011) as amended?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain the activity: \_\_\_\_\_

3. Is this the initial year of the application? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has the applicant continued to operate all facilities in Oklahoma? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, explain the circumstances involved: \_\_\_\_\_

5. Is this personal property only? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, continue. If Yes, skip to question 7.

## Application for Five-Year Ad Valorem Tax Exemption for Manufacturing or Research and Development Facilities

6A. Is this a concern that was not engaged in business in Oklahoma or did not have property subject to ad valorem taxation in Oklahoma and constructed a facility or acquired an existing facility which had been unoccupied for 12 months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, complete the following:

Date Last Occupied:		Name of Former Owner or Occupant:	
Date Acquired by Applicant:		Date Occupied by Applicant:	
Date Construction Began:		Date Construction Completed:	
Total Costs:		Total Square Feet of Building:	
Total Land Area Currently Used for Manufacturing or Research and Development:			

6B. Is this a concern that was engaged in business in this state or had property subject to ad valorem taxation in this state and constructed a facility in Oklahoma at a different location and continued to operate all its facilities in Oklahoma to January 1 of this year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, complete the following:

Date Construction Began:		Date Construction Substantially Completed:	
Total Costs:		Total Square Feet of Building Prior to Expansion:	
Total Square Feet of Building After Expansion:		Total Area of Land In Use Prior to Expansion:	
Total Area of Land In Use After Expansion:			

6C. Is this a concern that was engaged in business in this state or had property subject to ad valorem taxation in this state and expanded an existing facility and this exemption is claimed on the expansion of an existing facility?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, complete the following:

Date Construction or Expansion Began:		Date Construction or Expansion Completed:	
Total Costs:		Total Square Feet of Building Prior to Expansion:	
Total Square Feet of Building After Expansion:		Total Area of Land In Use Prior to Expansion:	
Total Area of Land In Use After Expansion:			

6D. Is this a concern that was engaged in business in this state or had property subject to ad valorem taxation in this state and acquired an existing facility in Oklahoma which had been unoccupied for 12 months or longer and continued to operate all its facilities in Oklahoma to January 1 of this year?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide the following:

Date Last Occupied:		Name of Former Owner or Occupant:	
Date Acquired by Applicant:		Date Occupied by Applicant:	
Total Costs:		Total Square Feet of Building:	
Total Land Area Currently Used for Manufacturing or Research and Development:			

## Application for Five-Year Ad Valorem Tax Exemption for Manufacturing or Research and Development Facilities

7. Please indicate property owned at this facility and its value on which qualifying investment is being claimed. Exclude licensed/ tagged vehicles. (Use page 6 worksheet.)

Owned Property	Original Cost of Owned Property	Year Acquired or Constructed	New or Used
Land			
Building			
Machinery and Equipment			
Leasehold Improvement			
Intangible Personal Property			
Total Investment			

All cost amounts rendered for machinery or leasehold must be substantiated with itemized lists giving a description of the asset, original cost and year acquired. Please attach the additional pages to this form and identify as to item or question.

If real or personal property is leased using a lease-purchase agreement, attach a copy of the lease and indicate the following: (Use page 6 worksheet.)

\*Intangible personal property is non-taxable in Oklahoma beginning January 1, 2013. Any intangible personal property that is embedded in the qualifying investment amount must be itemized on page 6. The amount calculated for reimbursement must not contain any intangible personal property and value. The investment amount will not be affected, only the amount for local reimbursement. Intangible personal property must be identified, documented, and valued by the applicant. The OTC reserves the right to request any additional information.

8A.

Lease Real and Personal Property		
	Contract Purchase Amount	Date of Title Conveyance
Land		
Buildings		
Machinery and Equipment		

8A-1. Are lease payments applied to the purchase price?    Yes \_\_\_\_\_    No \_\_\_\_\_

If No, explain: \_\_\_\_\_

8B. Is the lease-purchase amount stated in the agreement?    Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, for what amount? \_\_\_\_\_

If additional space is required for this question, attach an addendum as needed. Specifically list all leased machinery and equipment by description, model year and purchase amount.

The filing of this application for exemption on certain exempt property does not relieve the applicant from the responsibility of listing all taxable property with the county assessor.

It will be necessary for the OTC personnel to examine the facilities claimed for exemption.

**Affidavit**

State of Oklahoma

\_\_\_\_\_ County

I, \_\_\_\_\_ . being first duly sworn, according to law, depose and say:

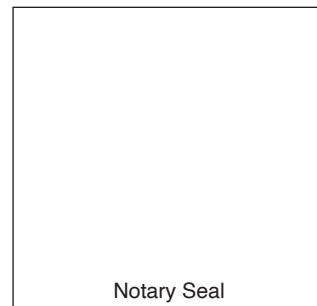
that I am the \_\_\_\_\_ of \_\_\_\_\_ Company;  
that as such I am acquainted and know the accompanying statements, as shown by the exhibits, schedules and property listings herein to be true, correct and complete as reflected by the records and books of account of the Company; and that all information requested herein has been fully and correctly given.

\_\_\_\_\_  
Applicant Signature \*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

My commission expires \_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
, Notary Public



\* If other than a company officer, Power of Attorney Form BT-129 must be attached.

**Assessor Use Only**

The assessment percentages for this county are as follows:

Real Property: \_\_\_\_\_ %                      Personal Property: \_\_\_\_\_ %

Located in School District: \_\_\_\_\_

Ad Valorem Reference Number: \_\_\_\_\_

Signed: \_\_\_\_\_ , County Assessor

Date: \_\_\_\_\_

## Employment and Payroll Compliance for Oklahoma Ad Valorem Manufacturing Exemption

Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Generally, see Title 68 Section 2902 (C) of the Oklahoma Statutes, as amended for payroll requirements.

The Oklahoma Tax Commission is required to verify full time employee information through the Oklahoma Employment Security Commission (OESC). Title 68 O.S. 2902 (C) of the Oklahoma Statutes as amended.

Each manufacturing concern applying for this exemption must provide payroll information for each of its facilities in order to ensure statutory compliance and for any other entities that it may operate in Oklahoma in order to verify the payroll information with the OESC.

### Facility Employment and Payroll Level:

Exemption Year Requested	Number of Employees of This Facility for Asset In Year Prior to this Application	Number of Employees of This Facility for Year Prior to Asset in Service Year	Total Number of Hours Worked for Entire Facility Prior to this Application	Total Payroll at this Facility in the Calendar Year Prior to Submission of this Application	Total Payroll at this Facility in the Calendar Year Prior to Property Placed In Service	Net Increase or Decrease of Payroll
Yr. _____ 1						
Yr. _____ 2						
Yr. _____ 3						
Yr. _____ 4						
Yr. _____ 5						

### Oklahoma Employment Security Commission Employment Level:

Exemption Year Requested	Number of Employees of This Facility for Asset In Year Prior to this Application	Number of Employees of This Facility for Year Prior to Asset in Service Year	Total Number of Hours Worked for Entire Facility Prior to this Application	Total Payroll at this Facility in the Calendar Year Prior to Submission of this Application	Total Payroll at this Facility in the Calendar Year Prior to Property Placed In Service	Net Increase or Decrease of Payroll
Yr. _____ 1						
Yr. _____ 2						
Yr. _____ 3						
Yr. _____ 4						
Yr. _____ 5						

If the full time employee count and payrolls listed above are not identical, please list the reason for any discrepancies below or attach additional information if needed. Include payroll amounts for any other facilities, retail stores, etc. that a manufacturing concern might have that would be reported with this facility's payroll to the OESC.

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**Personal Property Appraisal Worksheet for  
Five-Year Ad Valorem Tax Exemption  
Listing All Tangible and Intangible\* Personal Property**

Facility:

Asset Number or Item Number	Description of Equipment	Purchase Year	New/Used	Investment Cost	Description of Intangible Personal Property	Intangible* Personal Property Amount	Total After Intangibles
<b>Total</b>					<b>Total</b>		

\*Beginning January 1, 2013, the Oklahoma Constitution, Section 6A of Article 10, exempts any intangible personal property from ad valorem tax. The taxpayer must identify any intangible personal property which the taxpayer claims has been valued and assessed. If the intangible personal property has not been valued and assessed by the county assessor there is not a valid claim for exemption. Documentation must be submitted with the Form 900-XM establishing the existence, value and prior assessment of any intangible personal property claimed to be exempt.

Oklahoma Tax Commission  
Oklahoma City, Oklahoma 73194



**Power of Attorney**  
(Please Type or Print.)

Taxpayer Name and Address:	Social Security/Federal Employer Identification Number(s):	
	Daytime Telephone Number:	Permit Number(s):

**Hereby appoints:**

Representative(s) Name and Address:	Daytime Telephone Number:	Fax Number:
Representative(s) Name and Address:	Daytime Telephone Number:	Fax Number:

**Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.**

As attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission (OTC) and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax (Income, Sales, etc.)	State Tax Number or Description of Tax Document	Year(s) or Period(s) (Date of Death if Estate Tax)

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the OTC and receive confidential information and to acquire any and all tax forms and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below:

**Retention/Revocation of Prior Power(s) of Attorney.** The filing of this Power of Attorney automatically revokes all earlier power(s) of attorney on file with the OTC for the same matters and years or periods covered by this document.

If you **do not** want to revoke a prior Power of Attorney, check here .....

**Attach a copy of any Power of Attorney you want to remain in effect.**

**Taxpayer(s) Signature and Date.** If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

\_\_\_\_\_  
Signature Title (If applicable) Date

**Type or print your name below if signing for a taxpayer who is not an individual.**

\_\_\_\_\_  
Name Title (If applicable) Date

**Declaration of Representative**

**Under penalties of perjury, by my signature below, I declare that:**

- I am authorized to represent the taxpayer identified above for the matter(s) specified there; and
- I am one of the following:
  - Attorney – A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - Certified Public Accountant – Duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - Enrolled Agent – Enrolled as an agent by the Internal Revenue Service per the requirements of IRS Circular 230.
  - Officer – A bona fide officer of the taxpayer organization.
  - Full-Time Employee – A full-time employee of the taxpayer.
  - Family Member – A member of the taxpayer’s immediate family.
  - Tax Return Preparer
  - Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative Title (If applicable) Date

### Three-Year Affidavit for Five-Year Ad Valorem Tax Exemption for Oklahoma Manufacturing or Research and Development Facilities

I, \_\_\_\_\_ . being first duly sworn, according to law, depose and say:

I am the \_\_\_\_\_ of \_\_\_\_\_  
Officer of Company Manufacturing Concern

I am acquainted with the business concern and am stating that from the start of initial construction or expansion to the completion of such construction or expansion or for three years from the start of initial construction or expansion, whichever occurs first, such construction or expansion will result in a net increase of annualized payroll of: (Check one)

\$250,000.00 or more – for counties under 75,000 in population

\$1,000,000.00 or more – for counties at 75,000 or above in population  
(For use in: Canadian, Cleveland, Comanche, Oklahoma, Payne, Rogers, Tulsa and Wagoner Counties)

and that such employees will be provided a basic health benefits plan.

I acknowledge that the constitutional and statutory provisions in effect at the time of filing the initial application for exemption will be the provisions on which eligibility will be based for the remainder of the five-year period. Any subsequent changes in these provisions will not affect eligibility established at the time of initial filing.

\_\_\_\_\_  
Officer Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Notary Public

