

Oklahoma Tax Commission Change of Officer, Member or Partner Notification



1. Federal Employer Identification Number (FEIN): _____

2. Name of Partnership, Corporation, Limited Liability Company or Other:

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

3. Ownership Type:

How is the business owned?

A General Partnership

B Limited Partnership

C Oklahoma Corporation

D Foreign Corporation

E Limited Liability Company

F Other (explain) _____

4. Names of Partners/Responsible Corporate Officers/Managing Members: (see instructions)

If a Social Security Number is not provided below, the notification will not be processed and will be returned for completion. Social Security Numbers must be issued by the United States Social Security Administration. Identification numbers from foreign countries, other than Canada, are not acceptable.

A {

First Name	Middle Initial	Last Name	Social Security Number	Title
Mailing Address			City	State ZIP Code
Start Date		End Date		

B {

First Name	Middle Initial	Last Name	Social Security Number	Title
Mailing Address			City	State ZIP Code
Start Date		End Date		

C {

First Name	Middle Initial	Last Name	Social Security Number	Title
Mailing Address			City	State ZIP Code
Start Date		End Date		

5. Signature:

A sole owner, general partner, responsible corporate officer, member, or authorized representative must sign this notification.

I, the undersigned applicant or authorized representative, or if a corporation, a responsible corporate officer for the reporting and remitting of taxes, declare under the penalties of perjury that I have examined this notification and attachments and to the best of my knowledge the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission. I further acknowledge and agree that sales, withholding and motor fuel taxes are trust funds for the State of Oklahoma and that any use of these trust funds other than timely remittance to the State of Oklahoma is embezzlement and can result in criminal prosecution.

Type or Print Name: _____ Sign Name: _____

Type or Print Title: _____ Date: _____ / _____ / _____

Mandatory inclusion of Social Security and/or Federal Employer Identification Number is required on forms filed with the Oklahoma Tax Commission mandated by 68 Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission (OTC). The OTC is not required to give actual notice of changes in any state tax law.

Oklahoma Tax Commission Change of Officer, Member or Partner Notification



Names of Partners/Responsible Corporate Officers/Managing Members: (continued from page 1)

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title
_____		_____	_____	_____
Mailing Address		City	State	ZIP Code
_____	_____	_____	_____	_____
Start Date	End Date			

Change of Officer, Member or Partner Notification Instructions

Names of Partners/Responsible Corporate Officers/Managing Members

Social Security Numbers are required by OTC Rule 710:1-3-6. Rules can be viewed and/or downloaded from the OTC website at tax.ok.gov. If a Social Security Number is not provided, the notification will not be processed and will be returned for Social Security Numbers. Social Security Numbers must be issued by the United States Social Security Administration. Identification numbers from foreign countries, other than Canada, are not acceptable.

Print the name (first name, middle initial and last name), Social Security Number, title, mailing address and start and end dates for all partners, responsible corporate officers, and managing members responsible for the reporting and remitting of taxes.

General Partnerships: List all partners associated with the partnership.

Corporations: List corporate officers responsible for the reporting and remittance of taxes.

Limited Liability Companies: List all members or managing members responsible for the reporting and remittance of taxes.

Limited Partnerships: List the general partner(s) and the limited partner(s).

When Finished:

The quickest and easiest way to submit Form BT-191 is by logging in to your OkTAP business account and sending a message with Form BT-191 attached.

Otherwise Form BT-191 may be submitted via mail to: **Oklahoma Tax Commission**
Oklahoma City, OK 73194