Form OW-11 Revised 12-202



Registration for Oklahoma Withholding for Nonresident Members

Mail to: Oklahoma Tax Commission • Oklahoma City, OK 73194

2	Type of Business Ownership: General Partnership Trust Limited Liability Company Other (Explain.) Federal Employer's Identification I or Social Security Number for Trust		•		For Office Use Only Approval Denied Status FR WH					
4	Ownership Information:	of Douboushin C Com	anation of Touch							
	Name	of Partnership, S-Corp	oration, or Trust							
	Mailing Address (street number, post office box or rural route and box number)									
	City		State	Zip	County					
5	Principal Business for this Entity:									
6	Names of Partners, Corporate Off		ning Officer							
<u></u>		iocro, and mana,	Jing Childer.							
7	Name (last, first, middle initial)		Social Security Num	nber or FEIN	Title					
	Mailing Address (street number, post office bo									
	City	State		Zip	County					
→	Name (last, first, middle initial)		Social Security Num	nber or FEIN	Title					
	Mailing Address (street number, post office bo									
	City	State		Zip	County					
7	Name (last, first, middle initial)		Social Security Num	nber or FEIN	Title					
Mailing Address (street number, post office box or rural route and box number)										
	City	State		Zip	County					
	If you need addition please use space	al space for partners provided on Page 2								



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Name (last, first, middle in	itial)	Social Securit	y Number or FEIN	Title			
Mailing Address (street nu	mber, post office box or rural route	and box number)					
City	State		Zip	County			
Name (last, first, middle in	itial)	Social Securit	y Number or FEIN	Title			
Mailing Address (street number, post office box or rural route and box number)							
City	State		Zip	County			
Date you began or will begin withholding for nonresident members: Month/Day/Year							
If you will use a different FEIN or SSN than shown in item 2							
to report withholding	g tax, please list here:						
Trade Name of Business (DBA):							
Physical Location:							
·	(street and number or directions, not post office box or rural route)						
	City	State	Zip	County			
Person responsible for remitting withholding tax for nonresident members:							
	Name:						
	Title:						
	Phone Number:						
Address to which reporting forms are to be mailed:							
Mailing Address		City		State	Zip		
e undersigned applicant or author wledge, the facts set forth are true	ner, corporate officer or authorized representative, declare under the perand correct, and that the requirements In Commission (OTC). I further acknowled	enalties of perjury that I hat hereunder will be carried of ge and agree that withholo	ave examined this applicate out in accordance with t	cation and attachmen he laws of the state o ds for the state of Okla	ts and, to the best of f Oklahoma and the		

Mandatory inclusion of Social Security and/or Federal Employer's Identification Numbers are required on forms filed with the OTC pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the OTC. The OTC is not required to give actual notice of changes in any state tax laws.