



Oklahoma Wage Withholding Tax Application

_____ Business Name	_____ FEIN	For Office Use Only <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										

Part 1 - Contact Information

1. Business Phone: (_____) _____ Business Fax: (_____) _____

Name: _____ Email Address: _____

Part 2 - Ownership Type

2. How is this business owned?

A Individual (Sole Proprietor) B General Partnership C Limited Partnership

D Oklahoma Corporation E Foreign Corporation F Limited Liability Company

G Other (explain) _____

3. Federal Employer Identification Number (FEIN): _____

4. Name of Individual, Partnership, Corporation or Limited Liability Company: _____

Social Security Number, if individual: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

5. Physical Location: _____
(street and number or directions, not post office box or rural route)

City: _____ State: _____ Zip: _____ County: _____

6. List Your Principal Products or Services for This Location (Be specific): _____

7. Name(s) of Partner/Responsible Corporate Officer/Managing Member: (see instructions)
(If Social Security Number is not provided below, the application will be returned for completion.)

_____	_____	_____	_____	_____
First Name	Middle Initial	Last Name	Social Security Number	Title

_____	_____	_____	_____
Mailing Address	City	State	Zip Code

Attach separate sheet if necessary.

Part 3 - Wage Withholding Tax

8. Do you now or do you intend to withhold Oklahoma Income Tax from employees? Yes No

(a) If "Yes" on item 8, do you expect to withhold more than \$500 per quarter? Yes No

(b) If "Yes" on item 8, date you will begin/began withholding Oklahoma income tax: _____
(month/day/year)

(c) Are you required to make federal withholding tax deposits more frequently than once a month? Yes No

Part 4 - Signature A sole owner, general partner, corporate officer or authorized representative must sign this application.

I, the undersigned applicant or authorized representative, declare under the penalties of perjury I have examined this application and attachments and, to the best of my knowledge, the facts set forth are true and correct, and 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 (OTC). I further acknowledge and agree that withholding taxes are trust funds for the State of Oklahoma and 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 and title	Signature	Date

Mandatory inclusion of Social Security and/or Federal Employer 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.

Oklahoma Wage Withholding Tax Application

Instructions and Definitions

Please review each section of the registration form. These instructions and definitions refer to certain items in the Wage Withholding Tax Application. All sections, which apply to your business, must be completed.

Enter business name and Federal Employer Identification Number (FEIN) or Social Security Number (SSN) at the top of the page.

Part 1 - Contact Information

Item 1: Contact Information - Please provide the business phone, fax number, name and email address where the applicant can be contacted.

Part 2 - Ownership Type

Item 2: Ownership Type - Check the box which indicates how your business is owned.

Item 3: Enter your FEIN.

Item 4: Enter the legal name of the Individual, Partnership, Corporation or Limited Liability Company.

Item 5: Enter the physical location or driving directions. Do not use post office box or rural route.

Item 6: Enter your principal products or services for this location.

Item 7: Enter the name (first name, middle initial and last name), SSN, title and post office or business mailing address for partner, responsible corporate officer or managing member responsible for the reporting and remittance of taxes.

Please Note: SSN's are required by OTC Rule 710:1-3-6. If a SSN is not provided, the application will not be processed and will be returned for a SSN.

Part 3 - Withholding Tax

Item 8: Withholding Information - Complete if your business employs or will employ one or more individuals in the State of Oklahoma.

Exceptions: (Do not complete Part 3)

- For agricultural labor of \$900 or less, monthly.
- For domestic service in a private home, local college, club or chapter of a college fraternity or sorority.
- For service not in the course of the employer's trade or business performed in any calendar quarter by an employee, unless the cash remuneration paid for such service is \$200 or more.
- To a nonresident and wages earned that are not more than \$300 a quarter.
- For services performed by a licensed minister or member of a religious order in the exercise of duties.

Items 8 (a-c): If the Oklahoma income tax you withhold from your employee(s) is \$500 or more per quarter, the amount withheld must be remitted monthly. If the amount you withhold is less than \$500 per quarter, the remittance may be made quarterly. If you are required to make federal withholding tax deposits more frequently than once a month, you are required to file with Oklahoma on the same schedule. Enter the date you will begin withholding Oklahoma Wage Withholding Tax.

Part 4 - Signature

Application must be signed by the business owner or in the case of a partnership, LLC or corporation, etc. the responsible person for reporting and remitting taxes.