

ITW

3000301

ITW0003-09-98-BT
OW-9-R-09-98

OKLAHOMA EMPLOYERS WITHHOLDING TAX RETURN
TAXPAYER COPY/WORKSHEET

A. Taxpayer FEI	B. Reporting Period	C. Due Date

	DOLLARS				CENTS	
1. Wages Paid						
2. Tax Withheld						
3. Adjustments						
4. Interest +						
5. Penalty +						
6. Total Due =						

USE THIS WORKSHEET FOR FIGURING YOUR TAX, THEN
ENTER THE FIGURES ON THE ORIGINAL REPORT BELOW.

INSTRUCTIONS FOR COMPLETING OKLAHOMA EMPLOYERS WITHHOLDING TAX RETURN

Please write only in the white areas.
If any preprinted information on this report is incorrect, place an "X" in Item F and enter the correct information on back of the form in space provided. Please use a #2 pencil or pen with black ink to mark your entries on this form. **If you type, your report, please type an "XXX" over "000" in Item J at the top of the report. Use the small box immediately to the left of Item E (Number of Employees) to align your typewriter for typing the numbers in the handprint boxes of the report.**

FINAL REPORT: If this is your last report as an employer, mark an "X" in the Item G and complete the statement on the back of your report. Furnish the information about the disposition of the business, i.e., to whom the business was sold and if not sold, will it be reopened, and if so, when, etc.

ITEM E. Enter number of employees as of your last payroll period in boxes provided.

LINE 1. (Wages Paid) - Enter the total Oklahoma wages paid this period.

LINE 2. (Tax Withheld) - Enter the amount of Oklahoma Income Tax withheld from the wages of your employees this period.

LINE 3. (Adjustments) - Explain your net adjustment in the space provided on the back of this form. If your net adjustment is an addition, write the amount on Line 3. If your net adjustment is a credit, write the amount on Line 3 and mark a minus in the box to the left of the Line 3 below.

LINE 4. (Interest) - If this report and remittance is postmarked after the due date, multiply the amount on line 2 by 1.25% for each month, from due date until paid.

LINE 5. (Penalty) - If this report and remittance is postmarked after the last day of the month when due, multiply the amount on line 2 by 5%, with an additional 5% for each additional month or fraction thereof, not to exceed a maximum total penalty of more than 25%.

LINE 6. (Total Due) - Total the amounts on lines 2 through 5.

Sign, date, and detach the original report at the perforation and mail with remittance in the enclosed return envelope to:

OKLAHOMA TAX COMMISSION
P.O. BOX 26860
OKLAHOMA CITY, OK 73126-0860

INSTRUCTIONS CONTINUED ON BACK

SPECIAL NOTE: To insure that your report will be properly processed, please print all figures within boxes as shown.

1	2	3	4	5	6	7	8	9	0	X
---	---	---	---	---	---	---	---	---	---	---

PLEASE DETACH HERE AND RETURN REPORT BELOW

Do not fold, staple or paper clip

Write only in white areas

ITW

3000301

J. 000

OKLAHOMA EMPLOYERS WITHHOLDING TAX REPORT

A. Taxpayer FEIN/SSN	B. Reporting Period	C. Due Date	D. Filing Frequency

MMDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OFFICE USE ONLY	F.C.	P.T.	F. Change	G. Final Report

E. Number of Employees

	DOLLARS				CENTS	
1. Wages Paid					0	0
2. Tax Withheld						
3. Adjustments						
4. Interest +						
7. Penalty +						
8. Total Due =						

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief

SIGN
HERE:

Date

WHO MUST FILE

Every employer who withholds or is required to withhold Oklahoma State Income Tax from wages of employees or is required to furnish Wages and Tax Statements (W-2 forms) to any of his employees must file this report. Even though wages paid to employees were not sufficient to require withholding, a report must be filed, with zero amounts entered in Lines 2 and 6.

Employer Liability: A sole proprietor partner, corporate officer, or employee who fails to withhold or remit amounts required to be withheld may be held personally liable for such amounts.

WHEN TO FILE

If the amount withheld exceeds five hundred dollars (\$500.00) per quarter, you must file monthly and your report must be postmarked on or before the 15th day of the following month, unless you have been notified, in writing, by the Oklahoma Tax Commission to pay and file according to the Federal semi-weekly deposit

schedule. If the amount withheld is (\$500.00) or less per quarter, you may file quarterly and your report must be postmarked on or before the 15th day of the month following the end of each calendar quarter. The Commission may require any employer who becomes delinquent in the withholding and remitting of taxes to furnish the Tax Commission surety in the amount it deems necessary to secure their withholding tax liability.

PAYMENT

If you choose to pay by check, please send a separate check with each report submitted and put your FEI Number (Item A) on your check.

The option of making payments by electronic funds transfer (EFT) is available to you. Contact us at (405) 522-0214, for assistance in getting started on our EFT program.

WHO TO CONTACT FOR ASSISTANCE

To order Withholding tax forms call the Oklahoma Tax Commission at (405) 521-4667. For Withholding Audit Tax assistance call the Oklahoma Tax Commission at (405) 521-3279.

GENERAL INFORMATION

Mandatory inclusion of social security and/or federal identification numbers is required on forms filed with the Oklahoma Tax Commission, 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 Oklahoma Tax Commission.

The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax law.

FINAL REPORT:

If you checked Item G complete the following:

			YES	NO
		If no - Will it be reopened?	<input type="checkbox"/>	<input type="checkbox"/>
Was business sold?	<input type="checkbox"/>			
If yes - To whom?		If yes - When? _____		
_____		No longer have employees	<input type="checkbox"/>	<input type="checkbox"/>

CHANGES IN PRE-PRINTED INFORMATION:
If you checked Item F, indicate the changes only below.

FEI/SSN _____

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EXPLANATION OF ADJUSTMENTS - ON LINE 3 - FRONT OF FORM
PREVIOUS UNDERPAYMENTS **PREVIOUS OVERPAYMENTS**

PERIOD	AMOUNT	PERIOD	AMOUNT
_____	\$ _____	_____	\$(_____)
_____	_____	_____	(_____)
Net adjustment is a/an Addition	<input type="checkbox"/> (Check one) Credit	Net Total Adjustment To Line 3 Front of Form	\$ _____

If your net adjustment is an addition, write the amount on Line 3. If your net adjustment is a credit, write the amount on Line 3 and mark a minus in the box to the left of Line 3 on front.