



# OKLAHOMA WAGE WITHHOLDING TAX APPLICATION

<b>Business Name</b> _____	<b>FEIN</b> _____	<b>FOR OFFICE USE ONLY</b> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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's 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. 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
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Mandatory inclusion of Social Security and/or Federal Employer's Identification Numbers are 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 laws.