

STW

3300200

OKLAHOMA WASTE TIRE REPORT FOR TAG AGENTS TAXPAYER COPY/WORKSHEET

STW0001-12-98-BT BT-119-A-R-98

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

- 1. Total number of vehicles registered
2. Total number of tires exempt
3. Passenger tire fees (\$1.00 per tire)
4. Truck tire fees (\$3.50 per tire)
5. Less \$1.00 for each vehicle registered
6. Interest
7. Penalty
8. TOTAL DUE

Grid for entering values, including DOLLARS and CENTS columns.

D. Change

E. Final Report

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

INSTRUCTIONS FOR COMPLETING OKLAHOMA WASTE TIRE REPORT FOR TAG AGENTS

Instructions for completing the report, including sections for 'Please write only in the white areas', 'RETAIN THE EXEMPTION CERTIFICATE...', and 'remittance is not postmarked within 15 days...'

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

STW 3300200 F. 000

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OFFICE USE ONLY F.C. P.T. D. Change E. Final Report

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Grid for entering values, including DOLLARS and CENTS columns.

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

**WHEN TO FILE**

Reports must be postmarked on or before the 15th day of the month following each reporting period. The due date for filing this report is printed in item C.

Mandatory inclusion of Social Security and/or Federal Employer's 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.

**WHO TO CONTACT FOR ASSISTANCE**

For assistance, please call the Oklahoma Tax Commission at (405) 521-3279.

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

**PAYMENT**

To assist us in processing your return and to assure proper credit to your account, please send a separate check with each report submitted. Please put your FEIN or SSN (item A) on your check.

**Changes in Business Mailing Address:**

FEIN/SSN \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Changes in Business Location Address:**

FEIN/SSN \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_