

Four empty boxes for office use only.



# OKLAHOMA SALES TAX RETURN

A. Taxpayer <input type="checkbox"/> FEIN <input type="checkbox"/> SSN (check one, enter number below)	B. Reporting Period	C. Due Date	D. Account Number	<input type="checkbox"/> E. Amended Return
	H. Page <u>01</u> of _____ Page(s)			

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

F. Out of Business  
Date Out of Business: \_\_\_\_\_  
MM/DD/YY

G. Mailing Address Change

G. New Mailing Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**I. Off-Premise**

**Beer Sales:** (See Instructions) \_\_\_\_\_ . 00

	DOLLARS	CENTS
1. Total Sales.....	_____	. <u>00</u>
2. Removed from inventory and consumed or used or purchases for which direct payment is due .... +	_____	. <u>00</u>
3. Total Exemptions (Total from Schedule J) .....	_____	. <u>00</u>
4. Net taxable sales..... =	_____	. <u>00</u>
5. <b>State Tax</b> ..... =	_____	. _____
6. City/County Tax (sum of line(s) P. of Column O from Form(s) STS20021)..... +	_____	. _____
7. Tax Due (Add lines 5 and 6)..... =	_____	. _____
8. Interest .....	_____	. _____
9. Penalty .....	_____	. _____
10. <b>Total Due</b> (If no total due put '0') .....	_____	. _____

## J. SALES TAX EXEMPTION SCHEDULE (USE WHOLE DOLLARS ONLY)

3a. Sales to Those Holding Sales Tax Permits .....	_____	3m. Bad Debt.....	_____
3b. Gasoline Sales with State Gasoline Tax Paid.....	_____	3n. Coin Operated Device .....	_____
3c. Motor Vehicle Sales on which Excise Tax Has Been Paid.....	_____	3o. Export .....	_____
3d. Agricultural Sales.....	_____	3p. Medicare/Medicaid.....	_____
3e. Sales Subject to Federal Food Stamp Exemption .....	_____	3q. Newspaper/Periodicals .....	_____
3f. Returned Merchandise .....	_____	3r. Qualifying Exempt Organization .....	_____
3g. Manufacturing Exemption Permit.....	_____	3s. Sales Tax Holiday .....	_____
3h. Direct Pay Permit.....	_____	3t. Gift Certificate/Gift Card (Sales of) ....	_____
3i. Sales - Out-of-State.....	_____	3u. Trust Authorities .....	_____
3j. Sales to Qualified Veterans .....	_____	3v. Nontaxable Services.....	_____
3k. Churches, Schools, Governments.....	_____	3w. Other Legal Sales Tax Exemptions....	_____
3l. Cigarettes/Tobacco .....	_____	(explain): _____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information contained in this return and any attachments is true and correct to the best of my knowledge.