

Please mail form to: City of Tulsa Attn: Sales Tax Rebate P.O Box 1499 Tulsa, OK 74101-1499

Application for "Fix Our Streets" Sales Tax Rebate

Date:

or drop off at City Hall Cashier's Office

PLE	ASE PRINT OF IY	PE CLEARLY	_	
DEADLINE FOR APPLICATION IS APRIL 15th - MUST			DATE:	
Section 1: Applicant Information * = Required Field				
First Name, Middle Initial, Last Name *		Date of Birth *	Social Se	ecurity Number *
Street Address (Do not use a P.O. Box, busines, or go	eneral delivery.) *	Apt/Condo/Room#	Driver's L	License or State ID Number *
City *	State *		Zip Co	ode *
Phone * ()	Phone ()		Phone ()
☐ Home ☐ Cell ☐ Bus. ☐ Fax	☐ Home ☐ Cell	☐ Bus. ☐ Fax	☐ Home	e 🗆 Cell 🗆 Bus. 🗆 Fax
Email Address				
Section 2: Dependent Informatio	n - A dependent is a	a person who is a	member	of the household of the
applicant and for whom applicant is entitled	to claim a personal	exemption under	and purs	suant to the federal income
tax laws. First Name, Middle Initial, Last Name First Na	me, Middle Initial, Last N	lame	First Nam	ne, Middle Initial, Last Name
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Section 3: Mailing Address - (if dif	ferent from the appli	icant address pro	vided in S	Section 1 above.)
Attn or C/O		ристинатого раз		
Street Address (Do not use a Post Office Box, busine	ess address, or general o	delivery.)	Apartment	t/Condo/Room Numbe
City	State		Zip Co	ode
-			-	
Section 4: Must check only one	of the boxes be	low to quality	for a r	ebate.
To qualify for the senior rebate, applicant must meet ALL FOUR requirements listed below.				
 I am a person that was 65 years of age or older during a portion of the year for which the rebate is sought. I (and my dependents, if any) have lived inside Tulsa City limits for at least one year prior to this application. 				
I contributed the greatest share of the family income.				
4. I cannot be claimed as a member of the household on another resident's application.				
OR				
To qualify for the low-income rebate, applicant must meet ALL FOUR requirements listed below. 1. I meet the eligibility criteria for the Oklahoma Sales Tax Relief Act, pursuant to 68 O.S. §5011 or the Oklahoma Earned Income Tax				
Credit pursuant to 68 O.S. §2357.43 and have timely filed with the Oklahoma Tax Commission				
2. I (and my dependents, if any) have lived 3. I contributed the greatest share of the fall		at least one year pric	r to this app	lication.
4. I cannot be claimed as a member of the	•	ident's application.		
Only one re	ebate of \$25.00	per household	per	
	year may be claimed.			
Due date is	e is Ápril 15th for prior tax year rebate			
	Please allow 12-16 weeks for processing			
	estions? Please Call 918-596-2100			
Section 5: Must be signed and dated in order to obtain rebate. Mail form to the above address.				
Under penalty of perjury, I declare that the information contained in this document is true and correct to the best of my knowledge				
and belief. By signing this application, I am waiv	ring confidentiality and	d authorizing the O	klahoma T	ax Commission and/or the
Department of Public Safety to verify that that I have timely filed a return claiming eligibility under the Sales Tax Relief Act or				

Oklahoma Earned Income Tax Credit and/or that I am over the age of 65.

Signature of Applicant: