



# REGISTRATION FOR OKLAHOMA WITHHOLDING FOR NONRESIDENT MEMBERS

Mail to: Oklahoma Tax Commission • Post Office Box 26920 • Oklahoma City, OK 73126-0920

**1** Type of Business Ownership:

- General Partnership       Limited Partnership
- Trust                               Oklahoma S-Corporation
- Limited Liability Company
- Other (explain) \_\_\_\_\_

**2** Federal Employer's Identification Number or Social Security Number for Trust:

**3** Business Phone Number:  -  -   
(with area code)

**4** Ownership Information:

\_\_\_\_\_  
Name of Partnership, S-Corporation, or Trust

\_\_\_\_\_  
Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_  
City    State    Zip    County

**5** Names of Partners, Corporate Officers, and Managing Officer:

➔ \_\_\_\_\_  
Name (Last, First, Middle Initial)    Social Security Number or FEIN    Title

\_\_\_\_\_  
Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_  
City    State    Zip    County

➔ \_\_\_\_\_  
Name (Last, First, Middle Initial)    Social Security Number or FEIN    Title

\_\_\_\_\_  
Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_  
City    State    Zip    County

➔ \_\_\_\_\_  
Name (Last, First, Middle Initial)    Social Security Number or FEIN    Title

\_\_\_\_\_  
Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_  
City    State    Zip    County

(If you need additional space for partners, corporate officers and managing officer, please use space provided on back of this form or attach additional pages.)

**For Office Use Only**


Approval

Denied

**Status**


FR                      WH



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## 5 Names of Partners, Corporate Officers, and Managing Officer (continued)

➔ \_\_\_\_\_  
 Name (Last, First, Middle Initial) Social Security Number or FEIN Title

\_\_\_\_\_

Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_

City State Zip County

➔ \_\_\_\_\_  
 Name (Last, First, Middle Initial) Social Security Number or FEIN Title

\_\_\_\_\_

Mailing Address (street number, post office box, or rural route and box number)

\_\_\_\_\_

City State Zip County

6 Date you began or will begin withholding for nonresident members: \_\_\_\_\_  
 month/day/year

7 If you will use a different FEIN or SSN than shown in item 2  
 to report withholding tax, please list here:

8 Trade Name of Business (DBA): \_\_\_\_\_

9 Physical Location: \_\_\_\_\_  
 (street and number or directions, not post office box or rural route)

\_\_\_\_\_

City State Zip County

10 Person responsible for remitting withholding tax for nonresident members:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

11 Address to which reporting forms are to be mailed:

\_\_\_\_\_

Mailing Address City State Zip

**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 that I have examined this application and attachments and, to the best of my knowledge, the facts set forth are true and correct, and that 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 that 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

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.