



WORKERS' COMPENSATION MULTIPLE INJURY TRUST FUND REBATE REQUEST FOR TAX YEAR _____

Name of Own Risk Employer or Insurance Carrier:	
Federal Employer's Identification Number:	
Street Address:	
City, State and Zip Code:	
Bank Routing Number:	Bank Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
1. Total Multiple Injury Trust Fund Payments:	
2. Rebate Requested (2/3 of Amount Entered on Line 1.):	
The undersigned hereby certifies, under penalty of perjury, that he/she has executed this rebate request of his/her free and voluntary will and as the duly authorized representative of the own risk employer/carrier named above and that the information and amounts herein contained reflect a true, accurate, and complete statement.	
Signed (name of own risk employer/carrier)	Date:
By (signature)	
Printed Name and Title:	Telephone Number:

Beginning January 1, 2003, the Oklahoma Tax Commission shall accept applications for rebates from all eligible parties for assessments paid pertaining to the previous calendar year. Beginning with the calendar year of 2007, if any party fails to apply for a rebate on or before May 31 of each year, the Tax Commission shall reduce the amount of the rebate in the application by ten percent (10%). No rebates shall be paid until after July 1 of each year.

MAIL TO: OKLAHOMA TAX COMMISSION
ACCOUNT MAINTENANCE DIVISION
2501 NORTH LINCOLN BLVD.
OKLAHOMA CITY, OK 73194

OFFICE USE ONLY

Verified Rebate Amount: \$ _____	Supervisor Initials: _____
Reviewed by: _____	Approved by: _____
Account Maintenance Division	
<input type="checkbox"/> Difference in rounding	<input type="checkbox"/> Used .666 instead of 2/3
<input type="checkbox"/> Used .6667 instead of 2/3	<input type="checkbox"/> Used .667 instead of 2/3
<input type="checkbox"/> Used .6666 instead of 2/3	<input type="checkbox"/> Used _____ instead of 2/3