

OKLAHOMA TAX COMMISSION
OKLAHOMA MINIMUM/MAXIMUM FRANCHISE TAX RETURN
FORM 215

Delinquent Filers Only

This version of Form 215 is for delinquent filers only.
Not for use for current reports.

Form 215
Revised 3-2007

1. You qualify to file this return if your tax liability is the minimum of \$10.00 or the maximum of \$20,000. Use the worksheet to determine your tax liability. If you do not qualify to file this return, call the OTC at (405) 521-3160. The correct form will be mailed to you.
2. If the preprinted name and address on this form is incorrect check Item E and make corrections on the back of the return.
3. Follow the instructions on the back of this form for the completion of lines 1 through 6 on the detachable report below.
4. Return the detachable return below and schedule of officers with your payment in the enclosed return envelope before the due date to avoid assessment of interest and penalty.

A. TAXPAYER FEIN

B. REPORTING PERIOD

C. DUE DATE

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TAX WORKSHEET

The basis for computing your tax is the balance sheet as shown by your books of account at the close of your most recent income tax accounting year.

(A) Everywhere

(Do not use if all property is in OK)

(B) Oklahoma Only

1. Enter total company assets
2. Enter business done
3. Total assets and business done (Line 1 plus Line 2)
4. Percentage of capital employed in Oklahoma. Select the option you will use to determine the apportionment of Oklahoma Assets
☐ Option 1: Percent of Oklahoma Assets and business done to total assets and business done. (Line 3B divided by line 3A) Round to 4 decimal points.
☐ Option 2: Percent of Oklahoma Assets to total net assets (Line 1B divided by line 1A) Round to 4 decimal points.

5. Enter total current company liabilities; i.e. accounts payable, short term debt, etc.

6. Calculate the capital employed in Oklahoma
 --Everywhere (Line 1A minus Line 5A multiplied by Line 4)
 OR
 --Oklahoma only (Line 1B minus Line 5B)

7. Calculate your franchise tax. The tax rate is \$1.25 per \$1,000.00, or portion thereof, of capital employed in Oklahoma. Use Line 6A if company employs capital in states other than Oklahoma. Use 6B if all company capital is in Oklahoma.

If your capital on Line 6(A) or 6(B) above is less than \$8,000, enter \$10 in the box for line 1 below. If your capital on Line 6(A) or 6(B) above is more than \$16,000,000 enter \$20,000 in the box for Line 1 below. If your capital is between \$8,000 and \$16,000,000 you cannot use this form. Please call (405) 521-3160 to order the correct form.

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
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- Do not fold, staple or paper clip

PLEASE DETACH HERE AND RETURN REPORT BELOW

- Write only in white areas

OKLAHOMA MINIMUM/MAXIMUM FRANCHISE TAX RETURN

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

M

M

D

D

-OFFICE USE ONLY-

F.C. P.T.

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D. FOREIGN CORP. E. CHANGE F. ESTIMATED RETURN

Name _____

Address _____

City _____ State _____ ZIP _____

Sign Here _____

Date _____

G. TAXPAYER FEIN								H. TAX PERIOD			
								Y Y			

	-- DOLLARS --				CENTS	
1. Tax (Minimum \$10 or Maximum \$20,000)						
2. Registered Agent Fee (see instructions)						
3. Interest						
4. Penalty						
5. Reinstatement Fee (see instructions)						
6. Total Due (Min. \$10)						

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

INSTRUCTIONS FOR COMPLETING THE MINIMUM/MAXIMUM FRANCHISE TAX RETURN

GENERAL INSTRUCTIONS

Please write only in the white areas. This return must be legible and suitable for microfilming. Please form your entries as shown in the character formation guide with a #2 pencil or black ink pen.

SPECIFIC ITEM INSTRUCTIONS

• Item D

Place an 'X' in the box if you are a foreign corporation, not incorporated in Oklahoma.

• Item E

Place an 'X' in the box if any preprinted information is incorrect. Make corrections in the space provided below.

• Item F

Place an 'X' in the box if you have not completed a year end balance sheet. You must file an estimated return.

• Item G

If your FEIN is not preprinted, please enter your FEIN.

• Item H

Enter the tax year for which you are filing a return.

SPECIFIC LINE INSTRUCTIONS

Line 1 • Tax

Enter the amount computed from your worksheet. The amount must be either the minimum \$10.00 or maximum \$20,000.00 tax.

Line 2 • Registered Agent Fee

If you are incorporated in a state other than Oklahoma, the Secretary of State of Oklahoma charges an annual registered agent fee of \$100.00. If this applies to your corporation, enter \$100.00 on line 2.

Line 3 • Interest

If this return is postmarked after the due date, the tax is subject to 1.25% interest per month from the due date until it is paid. Multiply the amount on Line 1 by .0125 for each month the report is late. Enter the amount of interest due.

SPECIFIC LINE INSTRUCTIONS • CONTINUED

Line 4 • Penalty

If this return is postmarked after the due date, the tax is subject to a penalty of 10%. Multiply the amount on Line 1 by 0.10 to determine the penalty. Enter the amount of penalty due.

Line 5 • Reinstatement Fee

If the corporation has been suspended, it must be reinstated. Enter \$15.00 on Line 5.

Line 6 • Total Due

Add the amounts of lines 1 through 5 and enter the total on line 6.

Schedule A • Officer Information

Enter the reporting period indicated in Item B. If any preprinted officer information (Schedule A) is incorrect, please make the necessary changes on Schedule A and mail with your tax return and payment. Be sure to update the corporate officers' name, address and social security number. Failure to provide this information could result in the corporation being suspended.

WHO MUST FILE

Every corporation doing business in the state of Oklahoma must file an annual franchise tax return and pay the franchise tax by July 1 of each year. The report and tax will be delinquent if not paid on or before August 31, or if you elected to change your filing period to be the same as your corporate income tax, the report and tax will be delinquent if not paid by the fifteenth (15) day of the third month following the close of the corporate income tax year. The report and tax are due annually until the corporation ceases under the provisions of the Oklahoma General Corporation Act. If you wish to make an election to change your filing frequency for your next reporting period, please complete OTC Form 200F: Request to Change Franchise Tax Filing Period. **You may file this return if your tax liability is the minimum of \$10.00 or the maximum of \$20,000.00.** If you do not qualify to file this form call the OTC at (405) 521-3160 for the correct form.

WHEN TO FILE

The tax is due on July 1. The report and tax will be delinquent if not paid on or before August 31, and is delinquent on September 1 of each year, or if you elected to change your filing period to be the same as your corporate income tax, the report and tax, will be delinquent if not paid by the fifteenth (15) day of the third month following the close of the corporate income tax year. Penalty and interest is charged after the delinquency date. A corporation may be suspended if the tax is not paid and/or officer information is not provided. A reinstatement fee of \$15.00 is required to return the corporation to good standing after it has been suspended.

If you file an extension to file your corporate income tax return, a copy of your request for an extension must accompany your estimated franchise tax return.

PAYMENT INFORMATION

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

WHO TO CONTACT FOR ASSISTANCE

For franchise tax assistance, call the Oklahoma Tax Commission at (405) 521-3160.

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 to be part of the confidential files and records of the Oklahoma Tax Commission.

MAILING INSTRUCTIONS

Please mail your completed return, officer information and payment to

**Oklahoma Tax Commission
Franchise Tax
P.O. Box 26930
Oklahoma City, OK 73126-0930**

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

CHANGES IN PRE-PRINTED INFORMATION:

If you checked Box E., indicate the changes only below.

Name _____

Address _____

City _____

State _____

ZIP Code _____

Name

Address

City

State

ZIP

FEDERAL EMPLOYER'S
IDENTIFICATION NUMBER

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SCHEDULE A

CORPORATE OFFICERS FOR THE REPORTING PERIOD OF _____ ARE AS FOLLOWS:
(Date)

President**Social Security Number**

Home Address (street and number, city, state, ZIP code)

Home Phone (area code and number)

Vice President**Social Security Number**

Home Address (street and number, city, state, ZIP code)

Home Phone (area code and number)

Secretary**Social Security Number**

Home Address (street and number, city, state, ZIP code)

Home Phone (area code and number)

Treasurer**Social Security Number**

Home Address (street and number, city, state, ZIP code)

Home Phone (area code and number)

Note: If additional space is needed, please attach a schedule in the same format.

Mandatory inclusion of social security and/or federal identification numbers are required on forms filed with the Oklahoma Tax Commission pursuant to Title 68 of the Oklahoma Statutes and rules thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission.