

INSTRUCTIONS FOR COMPLETING FORM OES-33

Firm Name: Enter legal entity and firm name.

Account No.: Enter registration number as assigned by the Oklahoma Employment Security Commission

Address: Enter proper mailing address, city, state and zip code

Enter amount of refund claimed.

Signature: (1) If employer is a sole proprietor, the application must be signed by the owner;
(2) If the employer is a Corporation, the application must be signed by the president, treasurer, or other principal officer;
(3) If the employer is a partnership or other unincorporated organization, the application must be signed by a duly authorized member of the organization.

State of Oklahoma
OKLAHOMA EMPLOYMENT SECURITY COMMISSION
P.O. Box 52003
Oklahoma City OK 73152-2003

REFUND APPLICATION

See reverse side for instructions

Firm Name _____ Account No. _____
Address _____
City _____
State _____ ZIP Code _____

AMOUNT OF REFUND CLAIMED: \$ _____. *NOTE: DO NOT USE THIS CREDIT on subsequent reports. Using this credit on subsequent reports could cause interest charges at a later date.*

Firm: _____ Date: _____

Signature: _____ Title: _____

Subscribed and sworn to before me this : _____ day of _____, 20____

Notary Public: _____ My Commission Expires: _____

FOR COMMISSION USE ONLY

Refund is hereby [] granted [] denied in the amount of \$ _____ for the following reason

Verified: _____ Date: _____



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