Form 16-13
Created 4-2006

Oklahoma Tax Commission
Federally Recognized Tribes or Nations
Application for Cigarette Tax Refund

All information must be completed.

Taxpayer FEIN/SSN	Reporting Period	Tribal License Number

Tribal Retailer DBA (Company) _____

Tribal Retailer Owner _____

Address: _____

Contact Person _____

City, State, Zip: _____

Phone Number _____

Tribe _____

Copies of Purchase Invoices Must Be Attached

Date	Wholesaler	Invoice Number	Number of Packages of Cigarettes Purchased	Tax Rate Paid Per Pack
				$
				$
				$
				$
				$
				$
				$
				$
		Total Packs Purchased this Period		

If additional space is needed, attach additional schedule.

Submit to:
Oklahoma Tax Commission
Excise Tax Section/Audit Division
2501 Lincoln Boulevard
Oklahoma City, OK 73194

Auditor Only	
Auditor Initials: _____	Date: _____
A. This Location's Tax Rate Designation:	$
B. Total packs purchased:	
C. Tax rate paid: $ _____ x B =	$
D. Tax rate due: $(A) _____ x B =	$
Refund: C - D	$

All packages of cigarettes listed herein were or will be sold to consumers only at this location.

I, the undersigned do declare under the penalties of perjury that this report, including the accompanying schedules which are made a part hereof, is to the best of my knowledge and belief true and correct.

Printed Name of Owner _____ Signature of Owner _____ Date _____