





**Looking for a faster and easier way to file your waste tire report. Check out QuickTax on the Oklahoma Tax Commission website at [www.tax.ok.gov](http://www.tax.ok.gov). Not only can you file online, but you also have the opportunity to remit your payment electronically. Go Green with no more paper reports, no postage and no paper checks!**

**IMPORTANT...**

Remember to sign, date and detach the original report at the perforation and mail with your payment in the enclosed return envelope to:

**Oklahoma Tax Commission  
Waste Tire Remittance  
P.O. Box 26920  
Oklahoma City, OK 73126-0920**

**WHO MUST FILE...**

Every wholesaler or retailer of tires is responsible for remitting payment of the Oklahoma Waste Tire fee. Reports must be filed for every period even though there are no tire sales nor any fee due.

**WHEN TO FILE...**

Reports must be postmarked on or before the 20th day of the month following each reporting period. The due date to file this report is printed in item C.

**WHO TO CONTACT FOR ASSISTANCE...**

For assistance, please contact the Oklahoma Tax Commission's Taxpayer Assistance Division at (405) 521-3160.

**PAYMENT....**

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 or SSN (item A) on your check.

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 is deemed part of the confidential files and records of the Oklahoma Tax Commission.

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

**CHANGES IN BUSINESS MAILING ADDRESS...**

FEIN/SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**CHANGES IN BUSINESS LOCATION ADDRESS...**

FEIN/SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_