Form OW-12
Revised 5-2012

WITHHOLDING FOR NONRESIDENT ROYALTY INTEREST

Mail to: Oklahoma Tax Commission • 2501 North Linclon Boulevard • Oklahoma City, OK 73194-0010

OFFICE USE ONLY

Approval ☐

Denied ☐

Status

FR WH

1 HOW IS THIS BUSINESS OWNED?

☐ Individual ☐ General Partnership ☐ Limited Partnership

☐ Oklahoma Corporation ☐ Foreign Corporation ☐ Limited Liability Company (LICO)

☐ Other (explain) _____

2 Federal Employer's Identification Number: _____

3 Business Phone Number with Area Code: (_____) _____

4 OWNERSHIP INFORMATION:

Name of Individual, Partnership or Corporation | Social Security Number (If individual)

Mailing Address (street number, post office box, or rural route and box number)

City | State | Zip | County

5 NAMES OF PARTNERS, CORPORATE OFFICERS, AND MANAGING OFFICER:

(a) Name (Last, First, Middle Initial) | Social Security Number | Title

Mailing Address (street number, post office box, or rural route and box number)

City | State | Zip | County

(b) Name (Last, First, Middle Initial) | Social Security Number | Title

Mailing Address (street number, post office box, or rural route and box number)

City | State | Zip | County

(c) Name (Last, First, Middle Initial) | Social Security Number | Title

Mailing Address (street number, post office box, or rural route and box number)

City | State | Zip | County

(If more space is needed, attach additional pages)

6 Date you began/will begin withholding for nonresident royalty interest.....(month/day/year) _____/_____/_____

7 What FEI number will you use to report withholding tax? (If different than item 2) ..... _____

8 Trade name of Business

9 Physical Location (Street and number or directions; NOT P.O. Box or Rural Route Number) City State Zip County

10 Name and title of officer or employee responsible for remitting withholding for nonresident royalty interest Phone Number

11 Address to which forms are to be mailed City State Zip

A sole owner, general partner, corporate officer or authorized representative must sign this application.

I, the undersigned applicant or authorized representative, declare under the penalties of perjury that I have examined this application and attachments and, to the best of my knowledge, the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission. I further acknowledge and agree that sales, withholding, and motor fuel taxes are trust funds for the State of Oklahoma and that any use of these trust funds other than timely remittance to the State of Oklahoma is embezzlement and can result in criminal prosecution.

Type or print name and title | Signature | Date

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 part of the confidential files and records of the Oklahoma Tax Commission. The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax laws.