

OKLAHOMA TELEPHONE ACCESS LINE SURCHARGE RETURN TAXPAYER COPY/WORKSHEET

A. Taxpayer FEIN/SSN	B. Reporting Period	C. Due Date	D. Account Number
----------------------	---------------------	-------------	-------------------

1. Total number of access lines..... _____
2. Exempt access lines _____
3. Total number of access lines
subject to surcharge..... _____
-- Dollars -- -Cents-
4. Amount Due (Line 3 X \$0.05).... _____ . _____
5. Interest+ _____ . _____
6. Penalty+ _____ . _____
7. **Total Due**= _____ . _____

USE THIS WORKSHEET TO CALCULATE SURCHARGE, THEN ENTER THE FIGURES ON THE COUPON BELOW.

INSTRUCTIONS FOR COMPLETING OKLAHOMA TELEPHONE ACCESS LINE SURCHARGE RETURN

<p style="text-align: center;">WHO MUST FILE</p> <p>Every vendor who is responsible for collecting/remitting payment of Oklahoma Telephone Access Line Surcharge must file a Tax Return. Returns must be filed for every period even though there is no amount subject to tax nor any tax due.</p> <p style="text-align: center;">WHEN TO FILE</p> <p>Returns must be postmarked on or before the 20th day of the month following each quarter.</p> <p style="text-align: center;">HOW TO FILE BY PAPER</p> <p>If filing by paper, make checks or money orders payable to the Oklahoma Tax Commission and mail with your return coupon to: (This address is for payments ONLY)</p> <p>Oklahoma Tax Commission Post Office Box 26850 Oklahoma City, OK 73126-0850</p> <p>Do NOT mail correspondence to the address above.</p> <p>If you must contact us in writing, include your Name and Account Number, and mail your correspondence to:</p> <p>Oklahoma Tax Commission 2501 North Lincoln Boulevard Oklahoma City, OK 73194</p>	<p style="text-align: center;">SPECIFIC ITEM INSTRUCTIONS</p> <p>If you received this form by mail, make sure the preprinted information in Items A, B, C and D are correct. If incorrect, contact the Oklahoma Tax Commission's Taxpayer Assistance Division at (405) 521-3160.</p> <p>ITEM F. (Out of Business) – If out of business, check Box F and give the Date Out of Business.</p> <p>ITEM G. (Mailing Address Change) – check Box G to notify us of address change. Write new address in Section G.</p> <p>NOTE: Changes to location address must be submitted on the Notification of Business Address Change Form (BT-115-C-W), available at www.tax.ok.gov.</p> <p style="text-align: center;">SPECIFIC LINE INSTRUCTIONS</p> <p>LINE 1. (Total Number of Access Lines) – Enter the total number of access lines serviced by you for this reporting period.</p> <p>LINE 2. (Total Exempt Access Lines) – Enter the total amount of exempt lines you are reporting for this period. All certificates, receipts and/or invoices verifying each exemption must be kept on file.</p>	<p>LINE 3. (Net Number of Access Lines Subject to Surcharge) – Subtract Line 2 from Line 1 to arrive at number of lines.</p> <p>LINE 4. (Amount Due) – Multiply Line 3 by the tax rate shown.</p> <p>LINE 5. (Interest) – If this return and remittance is postmarked after the due date in Item C, the tax is subject to 1.25% interest per month from the due date (Item C) until it is paid. Multiply the amount on Line 4 by .0125 for each month or part thereof that the return is late.</p> <p>LINE 6. (Penalty) – If this tax return and remittance is not postmarked within 15 days of the due date, a one-time 10% penalty is due. Multiply the tax amount on Line 4 by 0.10 to determine the penalty.</p> <p>LINE 7. (Total Due) – Total the return. Add lines 4, 5 and 6.</p>
--	--	---

● Do not fold, staple, or paper clip

PLEASE DETACH HERE AND RETURN COUPON BELOW

● Do not tear or cut below line

STT 20010 OKLAHOMA TELEPHONE ACCESS LINE SURCHARGE RETURN



A. Taxpayer FEIN/SSN	B. Reporting Period	C. Due Date	D. Account Number
----------------------	---------------------	-------------	-------------------

E. Amended Return

Date Out of Business: _____ MM/DD/YY
 G. Mailing Address Change

-OFFICE USE ONLY- F. Out of Business

G. _____
Name

_____ Address

_____ City _____ State _____ ZIP

1. Total number of access lines..... _____
2. Exempt access lines _____
3. Total number of access lines
subject to surcharge..... _____
----- Dollars ----- - Cents -
4. Amount Due (Line 3 X \$0.05).... _____ . _____
5. Interest+ _____ . _____
6. Penalty+ _____ . _____
7. **Total Due**= _____ . _____

Signature: _____ Date: _____

The information contained in this return and any attachments is true and correct to the best of my knowledge.

Please remit only **one** check per coupon.