

**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