

OKLAHOMA SALES TAX RETURN
 TAXPAYER COPY/WORKSHEET



A. Taxpayer FEIN/SSN **_***8603	B. Reporting Period 02/02/2020	C. Due Date 02/18/2020	D. Account Number STS-10155794-26
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--- Dollars --- Cents -



MAGIC EMPIRE RECREATION INC
 3021 S WHEELING AVE
 TULSA OK 74114-5419

AMT

1. Total Sales	_____	00
2. Deduct Non-taxable Sales	_____	00
3. Net Taxable Sales	= _____	00
4. TAX 8.517%	X _____	
5. Interest	+ _____	
6. Penalty	+ _____	
7. Total Due	= _____	

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

INSTRUCTIONS FOR COMPLETING OKLAHOMA SALES TAX RETURN - SHORT FORM

<p>When to File Returns must be postmarked on or before the 20th day of the month following each reporting period.</p> <p>How to File Electronically File and pay electronically by using OKTAP, located at www.tax.ok.gov</p> <p>How to File by Paper 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) Oklahoma Tax Commission Post Office Box 26850 Oklahoma City, OK 73126-0850</p> <p>Do NOT mail correspondence to the address above. If you must contact us in writing, include your Name and Account Number, and mail your correspondence to: Oklahoma Tax Commission 2501 North Lincoln Boulevard Oklahoma City, OK 73194</p>	<p>Specific Item Instructions 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. ITEM F. (Out of Business) - If this is your last return check Box F and give the Date Out of Business. ITEM G. (Mailing Address Change) - check Box G to notify us of address change. Write new address in Section G. 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. ITEM H. (Off-Premise Beer Sales) - (Informational Only) This line should only include sales for low point off-premises consumption. It should not be used by bars and restaurants. Enter the total dollar amount of the monthly off-premise beer sales that was included in the total sales listed on Line 1. NOTE: This total is NOT a deductible amount.</p> <p>Specific Line Instructions LINE 1. (Total Sales) - Enter the total amount of gross receipts, including all sales, taxable and non-taxable leases and rentals of tangible personal property. Include values of items removed from inventory and used by you during the reporting period. LINE 2. (Deduct Non-taxable Sales) - Enter the total amount of non-taxable sales you are deducting for this period. Keep all certificates, receipts and/or invoices verifying each deduction.</p>	<p>NOTE: Examples of legal deductions are: 1. Sales for resale to persons holding a sales tax permit. 2. Gasoline sales on which gasoline tax has been paid. 3. Motor vehicle sales. 4. Agricultural sales. 5. Sales subject to Federal Food Stamp exemption. 6. Non-taxable services, labor. 7. Sales to exempt organizations. LINE 3. (Net Taxable Sales) - Subtract Line 2 from Line 1. LINE 4. (Tax) - Multiply line 3 by the preprinted tax rate shown. This is a combined rate for state, city, and/or county. LINE 5. (Interest) - If return and remittance is postmarked after the date shown in Item C, the tax is subject to 1.25% interest per month from the due date until it is paid. Multiply Line 4 by 0.0125 for each month or part thereof the return is late. LINE 6. (Penalty) - If this return and remittance is not postmarked within 15 days of the date shown in Item C, a one-time 10% penalty is due. Multiply the tax amount on Line 4 by 0.10 to determine the penalty. LINE 7. (Total Due) - Total the return: Line 4 plus Line 5 and Line 6.</p>
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Do not fold, staple, or paper clip

Please Detach Here And Return Coupon Below

Do not tear or cut below line

Media Number: 12499540808



A. Taxpayer FEIN/SSN **_***8603	B. Reporting Period 02/02/2020	C. Due Date 02/18/2020	D. Account Number STS-10155794-26
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E. Amended Return

----- Dollars ----- Cents -

Date Out of Business: _____ G. Mailing Address Change

F. Out of Business MM/DD/YY

1. Total Sales	_____	00
2. Deduct Non-taxable Sales	_____	00
3. Net Taxable Sales	= _____	00
4. TAX 8.517%	X _____	
5. Interest	+ _____	
6. Penalty	+ _____	
7. Total Due	= _____	

G. Name _____

Address _____

City _____ State _____ ZIP _____

H. Off-Premise Beer Sales: _____ . 00
 (See Instructions above)

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

STS 20003-A

Revised 06-2017
rL012

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G. Name _____

Address _____

City _____ State _____ ZIP _____

H. Off-Premise Beer Sales: _____ . 00
(See Instructions above)

Signature: _____ Date: _____
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