Form 13-9-C
Revised 5-2012

Oklahoma Tax Commission
Account Maintenance Division - AMC
Post Office Box 269060
Oklahoma City, OK 73126-9060
Application for Credit or Refund of Withholding or Pass-Through Withholding Tax

Type or Print

Name of Claimant	Federal I.D. or SSN	Permit Number (if registered vendor) or Account Number
Street Address	Telephone Number	Period Covered by Claim:
City State ZIP		Refunds Claimed:
Name of Representative (provide Power of Attorney)		Credit Claimed:
Street Address	Telephone Number	Bank Routing Number:
City State ZIP		Bank Account Number: ☐ Checking ☐ Savings

☐ No Checking or Savings Account (See certification below)

By checking the box I certify that, as an individual, I **DO NOT** have a checking or savings account at a bank or financial institution. A check will be mailed to the address on the refund request.

Give a full explanation below, including all facts on which your claim is based. Use additional sheets if necessary and submit all documents necessary to properly substantiate your claim. You may contact the credit/refund section at (405) 521-3270.
Important: Refund claims without supporting documents cannot be approved. See the instructions on the back of this form for details regarding necessary documentation.

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I,_____, the claimant named above, or partner, officer, or other authorized representative of such claimant do hereby make application for a refund and/or credit of withholding or pass-through withholding, pursuant to Title 68, Section 227 of the Oklahoma Tax Code, and certify that all withholding and pass-through withholding, for which this claim is filed, have been remitted to the Oklahoma Tax Commission, and that this claim does not include any items for which refund or credit was previously received.

Signature	Title	Date

See instructions on the back of this form