

STATE OF OKLAHOMA
Oklahoma Employment Security Commission
PO Box 52004
Oklahoma City OK 73152-2004

REFUND APPLICATION

See reverse side for instructions on completing this form.

1. Firm Name _____ 2. Acct. No. _____

3. Address _____

4. City _____

State _____ ZIP Code _____

5. Periods for which refund is claimed.

*Please Note: When applying for refund - **DO NOT** - use credits on subsequent reports. Using credits on subsequent reports could cause interest and/or penalty charges at later dates.*

YEAR(S)	QUARTERS				TOTALS
	1ST	2ND	3RD	4TH	
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

6. I certify that the above statements are true and correct.

A. Subscribed and sworn to before me this _____ B. Firm: _____

day of _____, _____ By: _____

Notary Public: _____ Title: _____

My commission expires : _____

FOR COMMISSION USE ONLY

Refund is hereby granted denied in the amount of \$ _____ for the following reason: _____

Verified By: _____

Check Number _____ Date Mailed _____ Signed _____

(Supervisor of Tax Compliance)

INSTRUCTIONS FOR COMPLETING FORM OES-33

- Item 1. Enter legal entity and firm name.
- Item 2. Enter registration number as assigned by the Oklahoma Employment Security Commission.
- Item 3. Enter proper mailing address.
- Item 4. Enter city, state, and ZIP code.
- Item 5. Enter the year(s) covering the period for which refund is claimed. For the year entered, indicate amount claimed for refund by quarter(s)
- Item 6. A. Signature in this item must be before a notary public.
 - B. (1) If employer is a sole proprietor, the application must be signed by the owner.
 - (2) If the employer is a Corporation, the application must be signed by the president, treasurer or other principal officer.
 - (3) If the employer is a partnership or other unincorporated organization, the application must be signed by a duly authorized member of the organization.