

VOLUNTARY TIRE RECYCLING FEE RETURN TAXPAYER COPY/WORKSHEET

A. Taxpayer <input type="checkbox"/> FEIN <input type="checkbox"/> SSN (check one, enter number below)	B. Reporting Period	C. Due Date
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1. Total number of tires to pick up _____
----- Dollars ----- -Cents-
2. Tires at 19¹/₂ inches or smaller (\$2.50 per tire) ... + _____ . _____
3. Tires larger than 19¹/₂ inches (\$3.50 per tire) + _____ . _____
4. Motorcycle tire fee (\$1.00 per tire) + _____ . _____
5. Agricultural tire fee (See instructions) + _____ . _____
6. **Total Due Voluntary** = _____ . _____

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

INSTRUCTIONS FOR COMPLETING VOLUNTARY TIRE RECYCLING FEE RETURN

<p style="text-align: center;">WHO MUST FILE</p> <p>Persons wishing to have tire carcasses processed, but who are not engaged in the business of selling tires; or</p> <p>Tire dealers who have been engaged in selling tires and who have collected and remitted the tire fees, as needed, on each transaction on which a fee was due, but who have accepted tires from Oklahoma residents for disposal or have otherwise come into possession of tire carcasses generated in Oklahoma, for which no fees have been paid into the Tire Indemnity Fund.</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 reporting period.</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 Voluntary Tire Fee Remittance Post Office Box 26920 Oklahoma City, OK 73126-0920</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>ITEM A. (Taxpayer FEIN/SSN) – Check the box next to the type of identification number being used, and enter the taxpayer identification number.</p> <p>ITEM B. (Reporting Period) – Enter the month(s) and year for the Voluntary Tire Recycling Fee being reported.</p> <p>ITEM C. (Due Date) - Enter the date the return is due.</p>	<p style="text-align: center;">SPECIFIC LINE INSTRUCTIONS</p> <p>LINE 1. (Total Number of Tires to Pick Up) – Enter the total number of tires to be picked up.</p> <p>LINE 2. (Tires at 19¹/₂ Inches or Smaller) - Enter the total amount of fees collected on motor vehicle tires with a tire rim of 19¹/₂ inches or smaller. The fee per tire is \$2.50.</p> <p>LINE 3. (Tires Larger than 19¹/₂ Inches) - Enter the total amount of fees collected on motor vehicle tires with a tire rim larger than 19¹/₂ inches. The fee per tire is \$3.50.</p> <p>LINE 4. (Motorcycle Tire Fee) - Enter the total amount of fees collected on motorcycle tires. The fee per tire is \$1.00.</p> <p>LINE 5. (Agricultural Tire Fee) - Enter the total amount of fees collected on agricultural tires that are not more than 14 inches wide and 44 inches in diameter. The fee for agricultural tires is \$0.05 per pound (minimum \$2.50 per tire).</p> <p>LINE 6. (Total Due Voluntary) - Total the return; lines 2 through 5.</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



STW 20009 VOLUNTARY TIRE RECYCLING FEE RETURN

A. Taxpayer <input type="checkbox"/> FEIN <input type="checkbox"/> SSN (check one, enter number below)	B. Reporting Period	C. Due Date
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D. Amended Return

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-OFFICE USE ONLY-

Name _____

Address _____

City _____ State _____ ZIP _____

1. Total number of tires to pick up .. _____
----- Dollars ----- -Cents -
2. Tires at 19¹/₂ inches or smaller (\$2.50 per tire) + _____ . _____
3. Tires larger than 19¹/₂ inches (\$3.50 per tire) + _____ . _____
4. Motorcycle tire fee (\$1.00 per tire) + _____ . _____
5. Agricultural tire fee (See instructions) + _____ . _____
6. **Total Due Voluntary** = _____ . _____

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.