

OKLAHOMA TAX COMMISSION

Form Number:_	
Form Title:	

Revision History

IX VISION THISTOLY							
DATE	Description						

Please print or type the name of the payor in the box below	v: State	of Oklahoma: Pro	duction Payments	ſ				Barcode Placeholder
	INF	Tax Year te: All payments with Oklahoma withholding must be reported.			-	-		
	* Note:						500)- A
Report payments of \$10 or more	Note:				Щ			<i>I</i> 1
in this box (*see note):	Lease Bonus	Report pay Delay Rental	ment of \$750 or more in thes	e five box		1 ,	Other - please s	enocify
Royalty	Lease Bollus	Delay Relital	Working Interest		Lease		otilei - piease :	эреспу
Payor's Federal Identific	Payor's Federal Identification Number		Recipient's Identification Number					
					State Withhold	State Withholding:		
Please print or type the recip	oient's name, address	s, and ZIP in the area b	pelow:		County Code:			
	. — — — — -				not use this nd wages. U Internal	lse o		rm W-2:
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Please print or type the recipient's name, address, and ZIP in the area below:					County Code:			
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	* Note:	Tax Year	withholding must be reported	a	Z		500)- A
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Payor's Federal Identific	cation Number	Recipient's Id	I lentification Number		State Code:	' 		
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Please print or type the recipient's name, address, and ZIP in the area below:					State Withhold	ing:		
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Do not use this form to report salaries and wages. Use optional Form W-2: Internal Revenue Service.