APPLICATION FOR SALES TAX EXEMPTION BY MOTION PICTURE OR TELEVISION PRODUCTION COMPANIES OKLAHOMA TAX COMMISSION

Post Office Box 26920 - Oklahoma City, OK 73126-0920 (Print or Type All Information)				
1.	How is Business Owned: Individual Partnership	Corporation	Limited Liability	
2.	Name of Production Company:	3. Business Phone	: (area code and number)	
STSEAP				
4.	FEIN:			
5.	Mailing Address: (street and number, post office box, or rural route and box number)			
	ty State Zip Code			
6. Name of Individual, Partners/Responsible Corporation Officer/Managing Members:				
Aſ	Name (Last, First, Middle Initial) Social Se	Social Security Number		
J	Mailing Address			
	Mailing Address City, State and Zip Code			
B∫	Name (Last, First, Middle Initial) Social Se	Social Security Number Title		
(ailing Address City, State and Zip Code			
7.	Location of Representative Responsible for Expenditure Records:			
8.	Address/Street Number or Directions (do not use post office box or rural route) City Name and Phone Number of Person to Contact:		State Zip Code	
0.	Name and Phone Number of Person to Contact.			
	lame Business Phone (area code and number)			
9.	Projected dates of production activities in Oklahoma: through			
10. Estimated total production expenditures subject to sales and/or use tax: \$				
11. Name of Production:(Check all that apply)				
	A. Is the production a: Documentary Special Music Video Television Commercial			
	Television Program Full Length Motion Picture			
	B. If a television program, will it serve as a: Pilot Segment for a series			
	C. Is the production being taped or filmed for: Theatrical Release Network Release			
☐ National Release ☐ Regional Syndication				
D. If no check is made in "C" above, is the production instead only to be shown via local media outlets? Yes No				
An individual, general partner, corporate officer or authorized representative must sign this application. The answers given and information provided above are true and correct to the best of my knowledge and belief.				
	12 Type or print name and title		OFFICE USE	
	12. Type or print name and title			
	13. Signature	14. Date	OTC PROJECT NUMBER	