THIS IS A FILLABLE FORM

INSTRUCTIONS FOR COMPLETING FORM OES-33

Firm Name: Enter legal entity and firm name.

Account No.: Enter registration number as assigned by the Oklahoma Employment Security Commission

Address: Enter proper mailing address, city, state and zip code

Enter amount of refund claimed.

Signature:
(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.

OES-33 (Rev. 9-19)

State of Oklahoma

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

P.O. Box 52003
Oklahoma City OK 73152-2003

RESET

REFUND APPLICATION

See reverse side for instructions

Firm Name _____ Account No. _____

Address _____

City _____

State _____ ZIP Code _____

Point of Contact for the Commission to make inquiries Name: _____

Phone : _____

* If you have questions call the Refund Specialist at 405 557-7135

AMOUNT OF REFUND CLAIMED: $_____. ***NOTE: DO NOT USE THIS CREDIT*** *on subsequent reports. Using this credit on subsequent reports could cause interest charges at a later date.*

Firm: _____ Date: _____

Signature: _____ Title: _____

OVER $5,000.00 Notary Required

Subscribed and sworn to before me this : _____ day of _____, 20____

Notary Public: _____ My Commission Expires:_____

FOR COMMISSION USE ONLY

Refund is hereby [__] granted [__] denied in the amount of $_____ for the following reason

_____

_____

Verified: _____ Date: _____

0033