

# **Residential Sale Application**

Application must be completed in INK. Submit Application via fax at (405)789-6093, or submit in person at 6700 NW 36<sup>th</sup> St., Bethany OK 73008. Contact Customer Service at (405)789-2146.

Location of Sale						
				1		
City:	State:	ZIP Code:		Date(s) of Sale:		
Name of Applicant:				Phon	e:	
Have you had a license for a re-	aidential cala	at	If <b>YES</b> plea	ase indicate the dat	te of the previous license (M/Y)	
Have you had a license for a real this location?		al	·			
This location? YES N	0					
NOTE:						
§ 119.01 LIMITATIONS; OFFENSES.	the residents and	on the promises	of accuried re	aidential properties wi	this the sity only under the following	
<ul> <li>(A) Garage sales may be conducted by t conditions:</li> </ul>	the residents and	on the premises	of occupied re	esidential properties wi	unin the city only under the following	
<ul><li>(1) A city permit shall be obtained prior</li><li>(2) Sales tax will be reported and paid</li></ul>					nde **	
(3) Garage sales will be limited to five	days per year per	location.				
(4) Only merchandise incidental to the brought onto the premises for resale. Fleat						
the premises for sale are prohibited under g (5) A copy of the permit shall be promi	arage sale permit	ts.				
(6) A permit for an estate sale may be					premises of the deceased person.	
(B) It shall be unlawful and an offense to (Ord. 1659, passed 10-2-01) Penalty, see §		the conduct of a	garage sale, e	except as provided in t	his section.	
	3 10.00					
**To file sales tax returns please fill out fo	orms 515 20002	-A and 515 20	021 from the	Oklanoma Tax Comn	nission	
Additional Resources						
Please visit https://oklahoma.gov/tax	.html for additi	onal sales tax	related que	estions.		
The owner of the property a	and the unders	signed agree	to conform t	o all applicable law	/s of the City of Bethany	
Signature of Applicant:					Date:	
FOR OFFICE USE ONLY	/					
Permit Fee: \$10.00						
Approved By:					Date:	
Permit Number:	Date pe	rmit issued:		Receipt Numbe	er:	

STS     20002 - A     -OFFICE USE ONLY-       Revised 6-2017     OKLAHON	1A SAL	.es Ta	X RETURN		
A.Taxpayer FEIN SSN B. Reporting Period	C. Due D	ate	D. Account Number		nded Return of Page(s
Name			Date	of Business Out of Business: ing is Change	
City State ZIP		1	City		State ZIP
I. Off-Premise Beer Sales: (See Instructions)	_00_	1 Total	Sales	Dollai	00
J. SALES TAX EXEMPTION SCHEDULE	NLY	2. Remo consi	oved from inventory and imed or used or purchases hich direct payment is due		
3a. Sales to Those Holding Sales      Tax Permits or Direct Pay Permits			Exemptions from Schedule J)		00
3b. Gasoline Sales with State Gasoline Tax Paid		4. Net ta	axable sales	. =	00
3c. Motor Vehicle Sales on which         Excise Tax Has Been Paid         3d. Agricultural Sales		6. City/0 of Co	Tax County Tax (sum of line(s) P lumn O from schedule belo upplemental pages)	9 <u>.</u> W	
3e. Sales Subject to Federal Food Stamp Exemption			ue (Add lines 5 and 6)		
3f. Returned Merchandise     3g. Other Legal Sales Tax Exemptions			est		
(explain on page 2)		10. <b>Total</b>	Due (If no total due put '0')	=	·

∎%∎

### CITY AND COUNTY TAX SCHEDULE

			M. Net Sales Subject to Tax	N. Tax Rate	O. Amount of Tax Due (Multiply Item M by Item N)	
	K. City/County Code	L. City/County Name	WHOLE DOLLARS ONLY	(%)	DOLLARS	CENTS
11						I I
12						1
13						I I
14						1
15						   
16						 
17						 
18						1
P. TOTAL (if more space is needed, use supplement page[s])						

Date: \_\_\_\_\_

#### **General Instructions**

**Form STS-20002:** Complete page 1 of Form STS-20002 Oklahoma Sales Tax Return, item numbers 12 through 18 before completing Form(s) STS-20021.

Form STS-20002-A: Use Form(s) STS-20021 to report city/county tax due.

#### Specific Instructions

ITEM A - Enter your taxpayer identification number.

ITEM B - Enter the month(s) and year for the sales tax being reported. (Begin with the month when you made your first sale).

ITEM C - Enter the date the return is due.

ITEM D - Enter your account number.

ITEM E - Check box E if this is an amended return.

ITEM H - Enter each individual page number and the total number of pages enclosed.

#### City and County Tax Schedule Computation

Column K - Enter the code for each city/county for which you are remitting tax. If the code number is not known, call 405.521.3160 for assistance.

Column L - Print the name of the city/county for which you are remitting tax.

Column M - Enter the "taxable sales" for each city/county associated with the code entered in column K. If no "taxable sales" were made, enter zero.

Column N - Enter the sales tax rate for each city/county for which you are remitting tax.

Column O - Multiply the amounts in column M times the rates in column N and enter the sales tax due for each city/county.

ITEM P. TOTAL (**Form STS-20002**): Add all column O lines and enter the total in item P. Add this total and the total of all Forms STS-20021, item P, to the total on item P on page 1 of Form STS-20002. Enter the combined totals on Form STS-20002, Line 6. **Include Form STS-20021 with the STS-20002 Return.** 

ITEM P. TOTAL (Form STS-20002-A): Add all column O lines and enter the total in item P. Add this total and the total of all Forms STS-20021, item P to line 6 on Form STS-20002-A. Inculde Form STS-20021 with the STS-20002-A Return.

Additional supplemental pages are available for download from our website at tax.ok.gov.

Mandatory inclusion of Social Security and/or federal identification numbers is required on forms filed with the Oklahoma Tax Commission (OTC) pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the OTC.

#### The OTC is not required to give actual notice of changes in any state tax law.





# OKLAHOMA SALES TAX RETURN 'SUPPLEMENT'

A. Taxpayer FEIN/SSN	B. Reporting Period	C. Due Date	D. Account Number	E. Amended Return	1
				H. Page of	Page(s)

## CITY AND COUNTY TAX SCHEDULE

			M. Net Sales Subject to Tax	N. Tax Rate	O. Amount of Tax Due (Multiply Item M by Item N)				
	K. City/County Code	L. City/County Name	WHOLE DOLLARS ONLY	(%)	Dollars	CENTS			
19									
20						   			
21						, , ,			
22						   			
23						1 1			
24						1 1			
25						   			
26						   			
27						1			
28						- - -			
29						   			
30						1			
31						- - 			
32						   			
33						1			
34									
35						   			
36						1 1			
37									
38						   			
39						   			
40						1			
41						- - -			
42						   			
43						1			
44						   			
P.	P. TOTAL City/County Tax (Line19 through Line 44) (Add to Total on Item P. on Form STS20002)								