

# PENDING APPROVAL

## OKLAHOMA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST SHEET

STATE OF OKLAHOMA  
OKLAHOMA COUNTY  
NO. 10089 OR FILED

2009-01-17 2:00

For The 2/17/2009 Agenda  
(DATE)

STATE OF OKLAHOMA  
CAROLYNN CAUDILL  
COUNTY CLERK

DEPARTMENT: County Clerk REQUESTED BY: Kelly Henley forCarolynn Caudill

REQUISITION NO: \_\_\_\_\_ REQUISITION SHEET ATTACHED: \_\_\_\_\_ YES  X N/A

NAME OF FUNDS: \_\_\_\_\_

FUND NUMBERS: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

DOES THE AGENDA ITEM CONTAIN PRIVACY-PROTECTED OR SECURITY INFORMATION? \_\_\_\_\_ YES  X NO

AGENDA ITEMS CONTAINING PRIVACY-PROTECTED OR SECURITY INFORMATION WILL NOT BE HYPERLINKED TO THE AGENDA

NUMBER OF ORIGINAL DOCUMENTS TO BE RETURNED TO YOUR DEPARTMENT: \_\_\_\_\_

AGENDA ITEM READS AS FOLLOWS: Monthly Report of Officers for the Board of County Comm. for the month of January 2010

Escrow Cash Bond Fund 8202	\$	-
DA Civil Fee 8203	\$	-
Commissioners Prevention of Child Abuse 8204	\$	-
Commissioners/Culvert Pipe Sales fund 8206	\$	1,068.68
Total Receipts - January 2010	\$	1,068.68

APPROVED BY DA  
(If Applicable)

APPROVED BY Engineer  
(If Applicable)

APPROVED BY PURCHASING  
(If Applicable)

\_\_\_\_\_  
Asst. District Attorney

\_\_\_\_\_  
County Engineer

\_\_\_\_\_  
Purchasing Agent

Please initial that document has been reviewed for privacy-protected or security information.

DISTRICT ATTORNEY: \_\_\_\_\_ YES \_\_\_\_\_ N/A

COUNTY CLERK: X YES \_\_\_\_\_ N/A

Indicate any privacy-protected information that exists \_\_\_\_\_

(NOTE; THE CHAIRMAN/CHIEF DEPUTY MUST APPROVE ALL EMERGENCY REQUESTS FOR ANY ITEM SUBMITTED AFTER THE DEADLINE)

DATE OF REQUEST: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Chairman



RECONCILEMENT

The following is a reconciliation of the within report of the County Treasurer for the month of January, 2010

Beginning Depository Balance	\$ 109,306.56
ADD: Collections	\$ 1,068.68
Cancelled Vouchers	
SUBTRACT: Vouchers Issued	\$ 1,942.99
Ending Depository Balance	\$ 108,432.25
ADD: Vouchers Issued, Not Registered	
Deposits in Transit - Beginning Ending	
Treasurer's Errors	\$ -
County Clerk's Errors	
TREASURERS BALANCE	\$ 108,432.25

Reconciled and filed on this 9th day of February, 2010.

*Kelly Potter*

MONTHLY REPORT

Of Board of County Commissioners of Oklahoma County, Oklahoma for the month ending on the 31st day of January 2010

Reconciled and Filed this 9th day of

February 2010

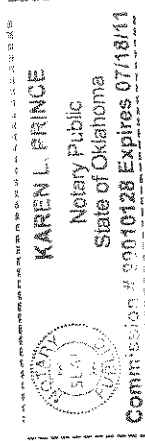
*Frank W. Briske, County Clerk*  
*for Carolyn Caudill*  
Oklahoma County Clerk

I, Carolyn Caudill, Officer duly and elected, qualified and acting in and for Oklahoma County, Oklahoma a true and correct report of all fees charged and collected in my office for the month ending on the 31st day of January 2010

*Frank W. Briske, County Clerk*  
*for Carolyn Caudill*  
Officer

Subscribed and sworn to before me this 9th day of February 2010

*Karen L. Prince*  
My Commissioner Expires:



# PENDING APPROVAL

Commissioners Vouchers					
Monthly Voucher Total Worksheet					
January-10					
Highway Vouchers	Misc. Receipt #		Total Amount	Total Vouchers	Voucher Number
Dist. 1	9240014	\$0.00	\$1,040.87		
			D		
Dist. 2	9240014	\$0.00	\$0.00		
Dist. 3	9240014	\$0.00	\$0.00		
<b>Total</b>			\$1,040.87		
Oklahoma Tax Commission		\$0.00	\$27.81		
			\$0.00		
<b>Total Vouchers</b>				<b>\$1,068.68</b>	
<b>Oklahoma County Commissioner's Voucher Account 8202</b>					
Oklahoma County General Fund			\$0.00		
Oklahoma County Highway D-1			\$0.00		
Oklahoma County Highway D-2			\$0.00		
Oklahoma County Sheriff Special Revenue			\$0.00		
				\$0.00	
Deposit Total from SA&I		\$1,068.68			
Less Refund Overpayment		\$0.00			
Voucher Total		\$1,068.68			
Net Difference "0"		\$0.00			

Fund No	Fund Name	Previous Balance	Deposits	Disbursements	Cancellations	Transfers	Ending Balance
8202	Commissioners #4	88,195.37	0.00	0.00	0.00	0.00	88,195.37
8203	Commissioners DA Civil Fee	2,898.21	0.00	-350.00	0.00	0.00	2,548.21
8204	Commissioners Prevention of Child Abuse	16,619.99	0.00	0.00	0.00	0.00	16,619.99
8206	Commissioners/Culvert Pipe Sales	1,592.99	1,068.68	-1,592.99	0.00	0.00	1,068.68
<b>Fund Group Totals</b>		<b>109,306.56</b>	<b>1,068.68</b>	<b>-1,942.99</b>	<b>0.00</b>	<b>0.00</b>	<b>108,432.25</b>

PENDING APPROVAL

## Treasurer's Vouchers Account Analysis

Date Printed: 2/4/2010      Account Analysis From 01/01/2010 To 01/31/2010 For Funds 8202 - 8206      Page 1 of 1

Fund	Date	Register#	Voucher#	Voucher Amt	Cancels	Transfers	Deposits	Total	Description
8203	01/15/2010	12917	1313	350.00	0.00	0.00	0.00	-350.00	okla co. dist. court clerk
			<b>Total For Date:</b>	<b>350.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-350.00</b>	
			<b>Total For Fund:</b>	<b>350.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-350.00</b>	
8206	01/22/2010			0.00	0.00	0.00	386.43	386.43	b.o.c.c.
	01/22/2010			0.00	0.00	0.00	217.88	217.88	b.o.c.c.
			<b>Total For Date:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>604.31</b>	<b>604.31</b>	
01/26/2010			0.00	0.00	0.00	464.37	464.37	b.o.c.c.	
			<b>Total For Date:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>464.37</b>	<b>464.37</b>	
01/13/2010		12444	1311	1,531.18	0.00	0.00	0.00	-1,531.18	okla co dist # 1
01/13/2010		12445	1312	61.81	0.00	0.00	0.00	-61.81	okla tax comm / business tax div
			<b>Total For Date:</b>	<b>1,592.99</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-1,592.99</b>	
			<b>Total For Fund:</b>	<b>1,592.99</b>	<b>0.00</b>	<b>0.00</b>	<b>1,068.68</b>	<b>-524.31</b>	
<b>Report Total:</b>				<b>1,942.99</b>	<b>0.00</b>	<b>0.00</b>	<b>1,068.68</b>	<b>-874.31</b>	

# PENDING APPROVAL

STS 4100200 222 222

STS0002-02-00-BT  
13-23 Revised 01-2007

If report is typed  
or machine printed  
see instructions

## OKLAHOMA SALES TAX REPORT

A. Taxpayer FEIN/SSN	B. Reporting Period	C. Due Date
73-6006400	January 2010	02/20/2010

D. Permit Number					
4	8	9	1	7	2
H. Page 01			of 01 Page(s)		

<input type="checkbox"/> OFFICE USE ONLY	<input type="checkbox"/> F.C.	<input type="checkbox"/> P.T.	<input checked="" type="checkbox"/> Mailing	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> G. Out of Business
F. Address Change					

H. Page 01 of 01 Page(s)

DOLLARS		CENTS
3	2	700
0	0	0
0	0	0
0	0	0
1	4	72

### E Mailing Address

**Okla. County Board of County Commissioners**  
 Name  
**320 Robert S. Kerr, Suite 105**  
 Address  
**Oklahoma City OK 73102**  
 City State Zip

1. Total Sales (Whole dollars only) .....
2. Removed from inventory and consumed or used or purchases for which direct payment is due .... +
3. Total Exemptions (Total from Schedule N. below) .... -
4. Net Taxable Sales .....
5. STATE TAX .....

### CITY AND COUNTY TAX COMPUTATION

	I. City/County Code	J. City/County Name	K. Net Sales Subject to Tax			L. Tax Rate (%)	M. Amount of Tax Due (Multiply Item K by Item L)	
			---WHOLE DOLLARS ONLY---				DOLLARS	CENTS
6	5 5 0 6	Choctaw	2	2	2	4	8	91
7	5 5 0 9	Jones	1	0	4	4	4	18
8								
9								
10								
11								
12								
13								

### N. SALES TAX EXEMPTION SCHEDULE

	WHOLE DOLLARS ONLY		
3a. Sales to Those Holding Sales Tax Permits or Direct Pay Permits			
3b. Gasoline Sales with State Gasoline Tax Paid			
3c. Motor Vehicle Sales on which Excise Tax Has Been Paid			
3d. Agricultural Sales			
3e. Sales Subject to Federal Food Stamp Exemption			
3f. Returned Merchandise			
3g. Other Legal Sales Tax Exemptions (explain on reverse)			

14. Total Lines 6 through 13 .....
15. Total from Supplement Pages .....
16. Tax Due (Add Lines 5, 14 and 15) .....
17. Discount - Limit \$3,300. (Discount not allowed for direct pay) ... -
18. Interest .....
19. Penalty .....
20. Less Approved Credit (Attach Credit Voucher) .....
21. TOTAL DUE (If No Total Due put '0') .....

DOLLARS		CENTS
1	3	09
2	7	81
2	7	81

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Sign Here:	Date
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Use this form ONLY if you are required to remit taxes before you received preprinted, preaddressed forms.

# PENDING APPROVAL

## GENERAL INSTRUCTIONS

Please use a #2 pencil or pen with black ink to make your entries on this form. If you type your report, please type "XXX" over "222" in box P, at the top of the form. If your mailing address or your business address has changed place an "X" in the proper Box F and enter the correct information in space provided below. If you are not required to file this form, call the Oklahoma Tax Commission at (405)521-3160.

## SPECIFIC INSTRUCTIONS

- ITEM A. - Enter your taxpayer identification number.
- ITEM B. - Enter the month(s) and year for the sales being reported.(Begin with the month when you made your first sale)
- ITEM C. - Enter the date the report is due.
- ITEM D. - Enter your Sales Tax Permit Number.
- ITEM E. - Provide your name and mailing address.
- ITEM H. - Enter the total number of pages enclosed in the boxes to the right of the word "of."

If you are closing your business and this will be your last sales tax return, mark over the "X" in block "G." and return your permit card with this report to the Oklahoma Tax Commission for cancellation.

**LINE 1 (TOTAL SALES)-** Enter the total amount of gross receipts of all sales, including taxable and non-taxable receipts, leases and rentals of tangible personal property. If no sales were made during the reporting period, leave blank.

**LINE 2 (REMOVED FROM INVENTORY)-** Enter the sales value of tangible personal property purchased for resale and consumed or used in this reporting period. Any merchandise purchased tax exempt with your sales tax permit and withdrawn for use by you or your business is to be included in this line. Also include amounts for purchases for which you are paying the sales tax directly to the Oklahoma Tax Commission.

**LINE 3 (TOTAL SALES TAX EXEMPTIONS)-** Use the Exemption Schedule, Item N, to compute the authorized exemptions from gross receipts for this reporting period. (Use Lines 3a. thru 3g.) Enter the amount of total sales tax exemptions on Line 3, at top.

3g. Explanation of 'Other Sales tax exemptions': \_\_\_\_\_

**LINE 4 (NET TAXABLE SALES)-** Subtract line 3 from the total of lines 1 and 2 to arrive at net taxable sales. If you have no amount subject to tax, leave blank.

**LINE 5 (STATE TAX)-** Multiply Line 4 by the applicable tax rate. If there is no tax due, leave blank.

**LINE 6 THROUGH LINE 13 -** We are aware the computer printed information is subject to change: therefore, we have provided blank lines for you to add cities/counties as needed. If any computer printed information is incorrect line through the incorrect information and write in the correct data. If no taxable sales were made for a computer printed City/County, leave the line blank.

- Column I. - Enter the code for each city or county for which you are remitting tax that has not been computer printed.
- Column J. - Print the name of the city or county for which you are remitting tax that has not been computer printed.
- Column K. - Enter the "taxable sales" for each city or county. If no "taxable sales" were made, leave blank.
- Column L. - Enter the current sales tax rate for each city/county for which you are remitting tax that has not been computer printed.
- Column M. - Multiply the amounts in Col. K times the rates in Col. L and enter the sales tax due for each city/county.

If additional space is needed to report more cities/counties, call our office at 405-521-3160 for Sales Tax Supplement (page 2).

**LINE 14 (TOTAL LINES 6 THROUGH 13)-** Add the City/County tax due from lines 6 through 13, Column M.

**LINE 15 (TOTAL FROM SUPPLEMENT PAGES)-** Total the tax due amounts from Line 39 of all supplement pages of city/county taxes.

**LINE 16 (TAX DUE)-** Add the amounts on Line 5, 14 and 15. This will be the total state, city, county tax due before any discount, interest, or penalty is applied.

**LINE 17 (DISCOUNT)-** If this report and remittance is not filed electronically by the due date shown in Item C, you are only eligible for a 1.25% discount for timely payment. Multiply Line 16 (tax) by .0125. The maximum discount allowed is \$3,300.00. Make no entry if this report is late. No discount allowed for Direct Pay.

**LINE 18 (INTEREST)-** If this report and remittance is postmarked after the due date shown in Item C, the tax is subject to interest from the due date (Item C) until it is paid. Multiply the amount on Line 16 by .0125 the applicable rate for each month or part thereof that the report is late.

**LINE 19 (PENALTY)-** If this tax report and remittance is not postmarked within 15 calendar days of the due date, a 10% penalty is due. Multiply the tax amount on Line 16 by .10 to determine the penalty.

**LINE 20 (LESS APPROVED CREDIT)-** Enter the amount of credit taken. Use any OTC credit voucher(s) issued for a previous over payment of taxes. Attach the credit voucher(s) to this report.

**LINE 21 (TOTAL DUE)-** Total the report: Line 16, minus Line 17 and 20, plus line 18 and Line 19.

**Sign and date the report and mail it with your payment in the enclosed return envelope to:**

**OKLAHOMA TAX COMMISSION  
P.O. BOX 26850  
OKLAHOMA CITY, OK 73126-0850**

## WHO MUST FILE

Every vendor who is responsible for collecting/remitting payment of Oklahoma sales tax must file a Sales Tax Report. Reports must be filed for every period even though there is no amount subject to tax nor any tax due.

## WHEN TO FILE

Reports must be postmarked on or before the 20th day of the month following each reporting period. The due date for filing this report is printed in Item C.

## PAYMENT

Please send a separate check with each report submitted and put your Taxpayer No. (Item A.) on your check.

## WHO TO CONTACT FOR ASSISTANCE

For assistance, call (405) 521-3160.

Mandatory inclusion of Social Security and/or Federal identification numbers is required on forms filed with the Oklahoma Tax Commission 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 Oklahoma Tax Commission.

**The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax law.**

## Changes in Business Mailing Address:

FEIN/SSN \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## Changes in Business Location Address:

FEIN/SSN \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_