

Please print or type the name and address of the payor in the box below:

State of Oklahoma

Information Return

Tax Year _____

Barcode Placeholder

FORM **500**

Revised 2021

Report payment of \$750 or more in these four boxes:

Commission	N.E.C. Payments	Rents	Other Income (specify)

Report payment of \$100 or more in these two boxes:

Interest	Dividends

Payor's Federal Identification Number

Recipient's Identification Number

--	--

Do not use this form to report salaries and wages. Use optional Form W-2: Internal Revenue Service.

Please print or type the recipient's name, address, and ZIP in the area below:

FOR INFORMATIONAL PURPOSES ONLY
FORM 500 MUST BE FILED ELECTRONICALLY

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