

**FIVE-YEAR AD VALOREM TAX EXEMPTION
FOR MANUFACTURERS
FILE CHECKLIST**

APPLICANT			
COUNTY	SCHOOL DIST.	XM#	YEAR

PLEASE CHECK THE APPROPRIATE SPACE BELOW WHEN COMPLETED

	Signed 900 XMA-B form showing approval or disapproval for each application. Signed by <i>both</i> Assessor and CBOE. If stamped must be initialed.
	One completed application for each year's assets claimed for exemption
	Company Federal ID #
	Contact Information
	Insurance Carrier
	Applicable NAICS Code(s)
	Qualifying category Question 6A, 6B, 6C 6D and Form 900XM-R1/10
	Amount claimed for exemption (Question 7) land, building, machinery and equipment, or leasehold improvements
	Asset list. (Eligible year <u>only</u> per asset list NO MULTIPLE YEAR ASSET LISTS)
	Signature of applicant with current notary (page 4). BT129 completed by Tax Rep.
	Oklahoma Power of Attorney form completed by Tax Rep if applicable (BT129)
	Assessment percentages, Ad Valorem Ref #, Assessor's Signature and date (Page 4)
	Correct information on EMPLOYMENT LEVEL AFFIDAVIT (Pg. 5)
	Enclose copy of field data card and warranty deed or lease/purchase agreement for claims relating to real property
	Copy of county worksheet showing calculation of valuation and depreciation amounts for business personal property
	Affidavit - (three year or less expansion plan)
	Copy of completed checklist for each application
Yes No	Is this company in protest or litigation with the county concerning these assets value?

Completed by _____

Date _____

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APPLICANT		
COUNTY	XM#	YEAR

PLEASE CHECK THE APPROPRIATE SPACE BELOW WHEN COMPLETED

	One completed application for each year's assets claimed for exemption (Form 900XM/ latest revision)
	Company Federal ID #
	Contact Information
	Insurance Carrier
	Applicable NAICS Code(s)
	Qualifying category Question 6A, 6B, 6C 6D if requesting for real property
	Amount claimed for exemption (Question 7) land, building, machinery and equipment, or leasehold improvements
	Asset list. (Eligible year <u>only</u> per asset list NO MULTIPLE YEAR ASSET LISTS)
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Completed by _____

Date _____