**Form 513**
**2020**

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# Oklahoma Resident Fiduciary Return of Income

**FORM 513 IS FOR RESIDENTS ONLY. NONRESIDENTS USE FORM 513NR.**

**This form must be filed on or before the 15th day of the fourth month after the close of the taxable year.**

**For the year January 1 - December 31, 2020, or other taxable year**
**beginning** 2020 **ending**

**IMPORTANT!**
**Was a Fiduciary Income Tax Return filed for the previous year?**
☐ **Yes** ☐ **No**

| Name of estate or trust | Federal Employer Identification Number | Date entity created |
|---|---|---|
| | | |

| Address of fiduciary (number and street) | Name of fiduciary | Title of fiduciary |
|---|---|---|
| | | |

| City | State or Province | Country | ZIP or Foreign Postal Code: |
|---|---|---|---|
| | | | |

**Place an 'X' in all applicable boxes:** →

☐ Decedent's Estate ☐ Grantor Type Trust ☐ Pooled Income Fund
☐ Simple Trust ☐ Complex Trust ☐ Bankruptcy Estate
☐ ESBT ☐ Charitable Trust
☐ Other (describe):

Number of Beneficiaries:

Place an 'X' if: **(1)** ☐ Initial return **(2)** ☐ Final return **(3)** ☐ Amended return (See Schedule 513-X on page 4)

**PART 1** **Important: Provide a copy of your Federal return. Also provide a schedule for Oklahoma amounts when different from Federal.**

| | INCOME (PROVIDE NECESSARY SCHEDULE(S) FOR LINES 2-10) | Column A As reported on Federal return | | Column B Total applicable to Oklahoma | |
|---|---|---|---|---|---|
| 1 | Interest income (except government obligations) | 00 | 1 | | 00 |
| 2 | Interest on obligations of the United States | 00 | 2 | | |
| 3 | State and municipal interest | | 3 | | 00 |
| 4 | Dividends | 00 | 4 | | 00 |
| 5 | Business income or (loss) | 00 | 5 | | 00 |
| 6 | Capital gain or (loss) | 00 | 6 | | 00 |
| 7 | Rents, royalties, partnerships, other estates and trusts, etc | 00 | 7 | | 00 |
| 8 | Farm income or (loss) | 00 | 8 | | 00 |
| 9 | Ordinary gain or (loss) | 00 | 9 | | 00 |
| 10 | Other income (state nature of income) | 00 | 10 | | 00 |
| 11 | **Total income** (add lines 1 through 10) | 00 | 11 | | 00 |
| | **DEDUCTIONS** | | | | |
| 12 | Interest (provide schedule) | 00 | 12 | | 00 |
| 13 | Taxes (provide schedule) | 00 | 13 | | 00 |
| 14 | Fiduciary fees (provide waiver for estates) | 00 | 14 | | 00 |
| 15 | Charitable deduction | 00 | 15 | | 00 |
| 16 | Attorney, accountant, and return preparer fees | 00 | 16 | | 00 |
| 17 | Oklahoma capital gain deduction (provide Form 561F) | | 17 | | 00 |
| 18 | Other deductions (provide schedule) | 00 | 18 | | 00 |
| 19 | Income distribution deduction (use Oklahoma Schedule K-1; see instructions) | 00 | 19 | | 00 |
| 20 | Federal estate tax deduction (provide schedule) | 00 | 20 | | 00 |
| 21 | Exemption | 00 | 21 | | 00 |
| 22 | **Total deductions** (add lines 12 through 21) | 00 | 22 | | 00 |
| 23 | **Taxable income of fiduciary** (subtract line 22 from line 11) | 00 | 23 | | 00 |

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| Name of estate or trust: | Federal Employer Identification Number: |
|---|---|
| | |

**Column B**
**Total applicable to Oklahoma**

| | | | | |
|---|---|---|---|---|
| 24 | Taxable income of fiduciary (Amount shown on line 23, Column B) | | 24 | 00 |
| 25 | Tax on amount on line 24, Column B (from tax table - see 513 Packet)<br>If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box | | 25 | 00 |
| 26 | Credits: Enter number in box for type of credit. Provide Form 511CR. (See instructions) | | 26 | 00 |
| 27 | Balance of tax due (subtract line 26 from line 25, but not less than zero) | | 27 | 00 |
| 28 | 2019 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) | 28 00 | | |
| 29 | Amount paid with extension request | 29 00 | | |
| 30 | Oklahoma withholding (provide Form 1099, 500-B or other withholding statement) | 30 00 | | |
| 31 | Refundable Credits from Form ..... a) ☐ 577 ..... b) ☐ 578 ..... | 31 00 | | |
| 32 | Amount paid with original return and amount paid after it was filed (amended return only) | 32 00 | | |
| 33 | Any refunds or overpayment applied (amended return only) | 33 ( ) 00 | | |
| 34 | Total of lines 28 through 33 | | 34 | 00 |
| 35 | If line 34 is larger than line 27, enter amount **overpaid** | | 35 | 00 |
| 36 | Amount of line 35 to be credited to 2021 estimated tax **(original return only)** | 36 00 | | |
| 37 | Amount of line 35 to be refunded to you ..... Refunded → | | 37 | 00 |

**Want a Faster Refund?**

**Elect to have your refund directly deposited into your checking or savings account.**

**For Direct Deposit information, see page 18 of the 513 Packet.**

**Is this refund going to or through an account that is located outside of the United States?** ☐ **Yes** ☐ **No**

**Deposit my refund in my:** ☐ **checking account** ☐ **savings account**

**Routing Number:**

**Account Number:**

| | | | | |
|---|---|---|---|---|
| 38 | If line 27 is larger than line 34 enter tax due ..... Tax Due → | | 38 | 00 |
| 39 | Underpayment of estimated tax interest ..... Annualized ☐ | | 39 | 00 |
| 40 | For delinquent payment, add penalty of 5% ..... $_____ plus interest at 1.25% per month ..... $_____ ..... | | 40 | 00 |
| 41 | Total tax, penalty and interest (add lines 38, 39 and 40) ..... Balance Due → | | 41 | 00 |

**If you have asked for an extension from the IRS, place an 'X' here and provide a copy with this return** ☐

**If the Tax Commission may discuss this return with your tax preparer, place an 'X' here** ☐

**Make check payable to the Oklahoma Tax Commission**

Under penalties of perjury, I declare I have examined this return, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge.

| Signature of Fiduciary | Date | Signature of Preparer | Date |
|---|---|---|---|
| | | | |
| Printed Name of Fiduciary | | Printed Name of Preparer | |
| | | | |
| Title of Fiduciary | Phone Number | Phone Number | Preparer's PTIN |
| | | | |

**Remit to Oklahoma Tax Commission, PO Box 26800, Oklahoma City, OK 73126-0800**

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

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| Form 513 - page 3<br>Oklahoma<br>Schedule K-1 | Part 2: Beneficiary's Share of Income and Deductions | 2020 |
|---|---|---|

**For calendar year 2020 or fiscal year beginning _____, 2020**

**and ending _____ , _____.**

- ☐ **Amended K-1**
- ☐ **Final K-1**
- ☐ **Nonresident**

| Name of estate or trust | |
|---|---|
| Beneficiary's FEIN/SSN | Estate's or trust's Federal Employer Identification Number |
| Beneficiary's name, address and ZIP | Fiduciary's name, address and ZIP |

| INCOME | | FEDERAL | OKLAHOMA |
|---|---|---|---|
| 1 | Interest ..... 1 | | |
| 2 | Dividends ..... 2 | | |
| 3 | Short-term capital gain (or loss) ..... 3 | | |
| 4 | Long-term capital gain (or loss) ..... 4 | | |
| 5 | Other taxable income: | | |
| | a. Annuities, royalties and other nonbusiness income ..... 5a | | |
| | b. Trade or business, rental real estate and other business income ..... 5b | | |
| 6 | State and municipal interest ..... 6 | | |
| 7 | U.S. interest ..... 7 | | |

| DEDUCTIONS | | | |
|---|---|---|---|
| 8 | a. Depreciation, depletion, amortization attributable to line 5a ..... 8a | | |
| | b. Depreciation, depletion, amortization attributable to line 5b ..... 8b | | |
| 9 | Expenses allocable to Federally-exempt income ..... 9 | | |
| 10 | Expenses allocable to Oklahoma-exempt income ..... 10 | | |
| 11 | Deductions in the final year of trust or decedent's estate: | | |
| | a. Excess deductions on termination ..... 11a | | |
| | b. Net operating loss carryover ..... 11b | | |
| 12 | Withholding ..... 12 | | |
| 13 | Other: | | |
| | a. _____ 13a | | |
| | b. _____ 13b | | |
| | c. _____ 13c | | |
| | d. _____ 13d | | |
| | e. _____ 13e | | |
| | f. _____ 13 f | | |
| | g. _____ 13g | | |

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# Oklahoma Resident Fiduciary Return of Income

| Name of estate or trust: | Federal Employer Identification Number: |
|---|---|
| | |

## SCHEDULE 513-X: AMENDED RETURN SCHEDULE

**A** Did you file an amended Federal income tax return? ☐ Yes ☐ No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment," IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

**C** Explanation or Reason for Amended Return (Provide all necessary schedules):

## Instructions for filing an Amended Return

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 32. Enter any refund previously received or overpayment applied on line 33. Complete the Amended Return Schedule, Schedule 513-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.