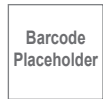


Oklahoma Small Business Corporation Income and Franchise Tax Return

Form 512-S
2022



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

For the year January 1 - December 31, 2022, or other taxable year beginning: 2022 ending:

Name of Corporation Federal Employer Identification Number Business Code Number

Street Address

City State or Province Country ZIP or Foreign Postal Code:

Date of Incorporation Under the Laws Of County in Which Located Type of Business

Extension - If you have applied for an extension from the IRS, place an 'X' here and provide a copy.

Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended Return (See Schedule 512-S-X on page 14) (4) Electing PTE (Form 586 was filed)

Notice: Corporations should not complete the franchise tax portion of the return for the following reasons:

- Filing a stand-alone Oklahoma Annual Franchise Tax Return Form 200.
- Not required to file a franchise tax return.
- Remitted the maximum amount of franchise tax for the preceding tax year.

PART ONE, SECTION ONE: INCOME TAX - Tax Computation Schedule for Nonresident Shareholders Who Do Not File Form 512-SA and Electing Pass-through Entities -or- for a Corporation Claiming the Refundable Credit from Form 578.

1a	Nonresident share of income from Page 8, Part 5, line 14.....	1a	<input type="text"/>	00
1b	Nonresident share of Okla. capital gain deduction (provide Form(s) 561-S).....	1b	<input type="text"/>	00
1c	Nonresident share of deductions (see instructions).....	1c	<input type="text"/>	00
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box.....	<input type="checkbox"/>	1	<input type="text"/> 00

Complete line 2a -or- lines 2b and 2c

2a	Nonresident Oklahoma tax (4% of line 1).....	2a	<input type="text"/>	00
2b	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23).....	2b	<input type="text"/>	00
2c	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23).....	2c	<input type="text"/>	00
2	Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box).....	<input type="text"/>	2	<input type="text"/> 00
3	Other Credits Form (see instructions) (provide Form 511-CR).....	<input type="text"/>	3	<input type="text"/> 00
4	Balance of tax due (line 2 minus line 3, but not less than zero).....		4	<input type="text"/> 00



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S: _____

FEIN: _____

PART ONE, SECTION ONE: INCOME TAX

Amount from line 4 on page 1 00

5	2022 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward)	5			00
6	Amount paid with extension request	6			00
7	Oklahoma withholding (provide Form 1099, 500-A, 500-B or other withholding statement)	7			00
8	Refundable Credit from Form 578.....	8			00
9	Amount paid with original return and amount paid after it was filed (amended return only).....	9			00
10	Any refunds or overpayment applied (amended return only)	10	() 00
11	Total of lines 5 through 10	11			00
12	Overpayment (line 11 minus line 4)..... Overpayment	12			00
13	Tax Due (line 4 minus line 11)	13			00
14	Donation: Public School Classroom Support Fund	14			00
15	Underpayment of estimated tax interest.....Annualized <input type="checkbox"/>	15			00
16	For delinquent payment add penalty of 5%.....\$ _____ plus interest of 1.25% per month	16			00
17	Total tax, penalty and interest (add lines 13-16)..... Income Tax Balance Due	17			00

SECTION TWO: FRANCHISE TAX

Place an "X" here if filing a combined corporate income and franchise tax return and complete Section Two. Corporations filing a Form 200 will skip Section Two and complete Section Three.

To complete lines 18-25, use the figures from page 10, lines 12-19.

18	Tax.....	18			00
19	Registered Agents Fee.....	19			00
20	Interest	20			00
21	Penalty	21			00
22	Reinstatement Fee.....	22			00
23	Previous Payment	23	() 00
24	Overpayment..... Franchise Tax Overpayment	24			00
25	Total Due	25			00



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S:

FEIN:

SECTION THREE: TOTAL

All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 26. If there is a net overpayment, complete lines 27-31.

Balance Due					
26	Total Balance Due	Balance Due	26	<input type="text"/>	<input type="text"/>
Overpayment					
27	Total Overpayment		27	<input type="text"/>	<input type="text"/>
28	Amount of line 27 to be credited to 2023 estimated income tax (original return only)		28	<input type="text"/>	<input type="text"/>

Line 29 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the number of the organization from the line 29 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and provide a schedule showing how you would like your donation split.

29	Donations from your refund	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$ _____	<input type="text"/>	29	<input type="text"/>	<input type="text"/>	
30	Total (add lines 28 and 29)					30	<input type="text"/>	<input type="text"/>	
31	Amount of line 27 to be refunded to you (line 27 minus line 30)					Refund	31	<input type="text"/>	<input type="text"/>

Direct Deposit Note: →
All refunds must be by direct deposit. See Direct Deposit Information on page 18 of the 512-S Packet for details.

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:

If the Oklahoma 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 any accompanying schedules and 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 Officer		Date		Signature of Preparer		Date	
Printed Name of Officer		Officer Email Address		Printed Name of Preparer		Preparer Email Address	
Title		Phone Number		Phone Number		Preparer's PTIN	

This form is due 30 days after the due date of the Federal Return.
Provide a complete copy of Federal return.
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S: _____

FEIN: _____

PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS Complete Column A. Column B should be completed by S Corporations whose income is all within Oklahoma and/or by those whose income is partly within and partly without Oklahoma (not of a unitary nature). **CAUTION:** Include only trade or business income and expenses on lines 1a through 21 below.

		Column A As reported on Federal Return		Column B Total applicable to Oklahoma	
1	a. Gross receipts or sales \$ _____				
	b. Minus returns and allowances \$ _____	00	1	00	00
2	Cost of goods sold and/or operations.....	00	2	00	00
3	Gross profit (subtract line 2 from line 1).....	00	3	00	00
4	Net gain (loss) (Form 4797 Part II, line 17).....	00	4	00	00
5	Other income (loss) (provide schedule).....	00	5	00	00
6	Total income (loss) (add lines 3 through 5).....	00	6	00	00
7	Compensation of officers.....	00	7	00	00
8	Salaries and wages.....	00	8	00	00
9	Repairs and maintenance.....	00	9	00	00
10	Bad debts.....	00	10	00	00
11	Rent.....	00	11	00	00
12	Taxes and licenses.....	00	12	00	00
13	Interest.....	00	13	00	00
14	Depreciation.....	00	14	00	00
15	Depletion (do not deduct oil and gas depletion).....	00	15	00	00
16	Advertising.....	00	16	00	00
17	Pension, profit-sharing, etc. plans.....	00	17	00	00
18	Employee benefit programs.....	00	18	00	00
19	Other deductions (provide schedule).....	00	19	00	00
20	Total deductions (add lines 7 through 19).....	00	20	00	00
21	Ordinary Income (Loss) from trade or business: Subtract line 20 from line 6. Enter here and below on Part 3, line 1.....	00	21	00	00



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Name Shown on Form 512-S:

FEIN:

PART 3: SHAREHOLDERS' PRO RATA SHARE ITEMS

INCOME (LINES 1 THROUGH 11)

		Column A As reported on Federal Return		Column B Total applicable to Oklahoma
1	Ordinary income (loss) from trade or business (from Part 2, line 21).....	00	1	00
2	Net income (loss) from rental real estate activity(ies) (provide schedule).....	00	2	00
3	Net income (loss) from other rental activity(ies) (provide schedule)	00	3	00
4	Interest income			
	a: Interest on loans, notes, mortgages, bonds, etc.	00	4a	00
	b: Interest on obligations of a state or political subdivision		4b	00
	c: Interest on obligations of the United States.....	00	4c	00
	d: Other interest income	00	4d	00
5	Dividend income.....	00	5	00
6	Royalties.....	00	6	00
7	Net short-term capital gain (loss) (Schedule D, 1120-S)	00	7	00
8	Net long-term capital gain (loss) (Schedule D, 1120-S)	00	8	00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft).....	00	9	00
10	Other (provide schedule).....	00	10	00
11	Total income (add lines 1 through 10)	00	11	00

DEDUCTIONS (LINES 12 THROUGH 17)

12	Section 179 deduction (provide schedule).....	00	12	00
13	Contributions	00	13	00
14	Deductions related to portfolio income	00	14	00
15	Intangible drilling costs	00	15	00
16	Other deductions authorized by law (provide schedule)	00	16	00
17	Total Deductions (add lines 12 through 16)	00	17	00

TOTAL (LINE 18)

18	Net distributable income (line 11 minus line 17).....	00	18	00
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If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 8 of packet.



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S: _____

FEIN: _____

PART 4: COMPUTATION OF OKLAHOMA TAXABLE INCOME OF A UNITARY ENTERPRISE WHOSE INCOME IS PARTLY WITHIN AND PARTLY WITHOUT OKLAHOMA

1	Net distributable income from Page 5, Part 3, Column A, line 18		1	
2	Add: (a) Taxes based on income	2a		
	(b) Unallowable deduction (provide schedule)	2b		
	(c) Other income (provide schedule).....	2c		
	(d) Total of lines 2a through 2c		2d	
3	Deduct all items separately allocated:			
	(a) Interest on obligations of the United States	3a		
	(b) _____	3b		
	(c) _____	3c		
	(d) Total of lines 3a through 3c		3d	
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income (line 1 plus line 2d, minus line 3d)		4	
5	Oklahoma's portion thereof _____ %		5	
6	Add items separately allocated to Oklahoma:			
	(a) _____	6a		
	(b) _____	6b		
	(c) _____	6c		
	(d) _____	6d		
	(e) Total of lines 6a through 6d		6e	
7	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 5, Part 3, Column B, line 18).....		7	



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Name Shown on Form 512-S:

FEIN:

APPORTIONMENT FORMULA

	<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
	Total Within Oklahoma	Total Within and Without Oklahoma	(A divided by B) Percent Within Oklahoma
1 Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).			
(a) Owned property (at original cost):			
(i) Inventories..... 1ai			
(ii) Depreciable property..... 1aii			
(iii) Land..... 1aiii			
(iv) Total of section "a"..... 1aiv			
(b) Rented property (capitalize at 8 times net rental paid)..... 1b			
(c) Total of sections "a" and "b" above..... 1c	\$	\$	1c %
2 (a) Payroll..... 2a			
(b) Less: Officer salaries..... 2b			
(c) Total (subtract officer salaries from payroll)..... 2c	\$	\$	2c %
3 Sales:			
(a) Sales delivered or shipped to Oklahoma purchasers:			
(i) Shipped from outside Oklahoma..... 3ai			
(ii) Shipped from within Oklahoma..... 3aii			
(b) Sales shipped from Oklahoma to:			
(i) The United States Government..... 3bi			
(ii) Purchasers in a state or country where the corporation is not taxable (e.g. under Public Law 86-272) 3bii			
(c) Total all of sections "a" and "b"..... 3c	\$	\$	3c %
4 If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: _____			
5 Total percent (sum of items 1c, 2c and 3c)..... 5			%
6 Average percent (Total percent divided by the number of factors present) (Carry to Part 4, line 5)..... 6			%

Note: Provide a complete copy of your Federal return.



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S:

FEIN:

PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME

Enter the information for each shareholder. If there are more than 2 shareholders, use Form 512-S-SUP to enter the additional shareholders. Use as many Forms 512-S-SUP as needed.

		Shareholder 1	Shareholder 2
1	Name and Address of Each Shareholder Name: Address: City, State, ZIP:		
2	SSN or FEIN		
3	Ownership Percentage		
4	Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)		
5	Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)		
6	Oil and Gas Depletion (Federal)		
7	Oil and Gas Depletion (Oklahoma)		
8	Amount of Credit		
9	Type of Credit		
10	Amount of Withholding		
11	Type of Withholding		

NONRESIDENT SHAREHOLDER (IF THE ELECTING PTE BOX IS CHECKED ON PAGE 1, LEAVE LINES 12-14 BLANK AND COMPLETE FORM 587-PTE)

12	Is a signed Form 512-SA provided? If nonresident agreement (Form 512-SA) is NOT provided, the S Corporation will be taxed on the income reported in line 13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
----	--	--	--

13	Nonresident Share of Income to Tax if line 12 is NO (enter the distributable Oklahoma income from line 5)		
----	---	--	--

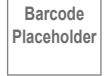
TOTAL: NONRESIDENT SHARE OF INCOME TO TAX

14	Add amounts shown in line 13 above for all Shareholders, and if applicable, from Form 512-S-SUP. Enter here and on Page 1, Part 1, line 1a.....\$	
----	---	--

****NOTE:** The amount shown in Part 3, Column B, line 18, Oklahoma net distributable income, may not be the amount to be entered on the shareholder's Oklahoma income tax return. This amount includes all allowable shareholder's income, losses, and deductions. Some of these items may be limited on the Federal return. If these items are allowed in full or part on your Federal income tax return, they will be allowed to the same extent on your Oklahoma return.

Notice: Forms required to compute withholding and credits must be provided with corporate return. Examples of these include: Form 1099 MISC, Form 500A: Non-resident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

Note: Provide a complete copy of your Federal Return.



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S: _____

FEIN: _____

PART 6: ADDITIONAL INFORMATION

Location of Principal Accounting Records

Address City State Zip

Has the Internal Revenue Service redetermined your tax liability for prior years? Yes No What years? _____

Did you file amended returns for the years stated above? Yes No N/A

Has the statute of limitations been extended by consent for any prior years? Yes No What years? _____

Business name: _____ Date business began in Oklahoma: _____

Principal location(s) in Oklahoma: _____



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Franchise Tax Worksheet

A. Taxpayer FEIN	B. Account Number
-Office Use Only-	

C. Mailing Address Change

Name
Address
City, State or Province, Country and Postal Code

C. New Mailing Address
City, State or Province, Country and Postal Code

D. Balance Sheet Date (MM/DD/YY)

	Dollars	Cents
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B) 1		.00
2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0" 2		.00
3. Total current liabilities (Franchise Tax Balance Sheet: Line 23) If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11 3		.00
4. Capital employed in Oklahoma (line 1 minus line 3) Round to next highest \$1,000. If line 4 is completed, skip to line 12 4		.00
5. Total gross business done by corporation in Oklahoma (Franchise Tax Balance Sheet: Line 34) 5		.00
6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5) 6		.00
7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33) 7		.00
8. Total value of assets and business done (Total of lines 2 and 7) 8		.00
9. Percentage of Oklahoma assets (See instructions) Check appropriate Box: <input type="checkbox"/> Option1 <input type="checkbox"/> Option 2 9		%
10. Value of capital subject to apportionment (Line 2 minus line 3) 10		.00
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000 11		.00

	Dollars	Cents
12. Tax (See instructions) (If less than \$250, enter "0") 12 =		
13. Registered agents fee (\$100.00 - See instructions) 13 +		.00
14. Interest 14 +		
15. Penalty 15 +		
16. Reinstatement fee (\$150.00 - See instructions) 16 +		.00
17. Previous payment 17 -		
18. Overpayment 18 =		
19. Total Due 19 =		

FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY**Franchise Tax Schedule A: Current Officer Information****NOTE: Inclusion of Officers Is Mandatory.**

Taxpayer Name	FEIN	Account Number
---------------	------	----------------

Corporate officers effective as of _____ are as follows:
(Date)

Schedule A: Current Officer Information

The officers listed below should be those whose term was in effect as of the close of the income tax year. Be sure to include names, addresses, and **social security numbers**.

1. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
2. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
3. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
4. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title

Please include social security numbers of officers.**710:1-3-6. Use of Federal Employer Identification Numbers and other identification numbers mandatory**

All returns, applications, and forms required to be filed with the Oklahoma Tax Commission in the administration of this State's tax laws shall bear the **Federal Employer's Identification Number(s)**, the **Taxpayer Identification Number**, and/or other government issued identification number of the person, firm, or corporation filing the item and of all persons required by law or agency rule to be named or listed.

[Source: Amended at 32 Ok Reg 1330, eff 8-27-15]

710:1-3-8. Confidentiality of records

All Federal Employer's Identification and/or Social Security Account Numbers are deemed to be included in the confidential records of the Commission.



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Schedule E Franchise Tax Balance Sheet

Taxpayer Name	FEIN	As of the Last Income Tax Year Ended: (MM/DD/YY)
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

Assets	Column A	Column B	Liabilities and Stockholders' Equity	Column C
	Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.	Total in Oklahoma as per Books of Account.		Total Everywhere as per Books of Account.
1. Cash			19. Accounts payable	
2. Notes and accounts receivable			20. Accrued payables	
3. Inventories			21. Indebtedness payable three years or less after issuance (see schedule D)	
4. Government obligations and other bonds.....			22. Other current liabilities.....	
5. Other current assets (provide schedule).....			23. Total Current Liabilities (Lines: 19-22)	
6. Total Current Assets (add lines 1A-5A and 1B-5B).			24. Inter-company payables (a) To parent company.....	
7. Mortgage and real estate loans			(b) To subsidiary company.....	
8. Other investments (provide schedule).....			(c) To affiliated company.....	
9. (a) Building			25. Indebtedness maturing and payable in more than three years from the date of issu- ance.....	
(b) Less accumulated depreciation			26. Loans from stockholders not payable within three years.....	
10. (a) Fixed depreciable assets .			27. Other liabilities	
(b) Less accumulated depreciation			28. Capital Stock	
11. (a) Depletable assets.....			(a) Preferred stock.....	
(b) Less accumulated depletion			(b) Common Stock.....	
12. Land.....			29. Paid-in or capital surplus (provide reconciliation)	
13. (a) Intangible assets			30. Retained earnings	
(b) Less accumulated amortization			31. Other capital accounts.....	
14. Other assets			32. Total Liabilities and Stockholders' Equity (Lines: 23-31)	
15. Net Assets			33. Total gross business done everywhere (sales and service)	
(Lines: 6-14)			(from income tax return)	
16. Inter-company receivables:			34. Total gross business done in Oklahoma (sales and service)	
(a) From parent company			(from income tax return)	
(b) From subsidiary company				
(c) From affiliated company .				
17. Bank holding company stock in subsidiary bank				
18. TOTAL ASSETS (Lines: 15-17)				



FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name Shown on Form 512-S:

Federal Employer Identification Number:

Schedule 512-S-X: Amended Return Schedule

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

If yes, **provide** a copy of IRS Form 1120X or 1139 and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B Is this return being filed due to a federal audit? Yes No

If yes, **provide** a complete copy of the RAR.

C Explanation or reason for Amended return (**Provide** all necessary schedules):

Multiple horizontal lines for providing explanation or reason for Amended return.

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 9. Enter any refund previously received or overpayment applied on line 10. Complete the Amended Return Schedule, Schedule 512-S-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.