



# Oklahoma Resident Fiduciary Return of Income

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

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, 2024, or other taxable year beginning <input type="text"/> ending <input type="text"/> <input type="text"/> 2024 <input type="text"/>	<b>IMPORTANT!</b> Was a Fiduciary Income Tax Return filed for the previous year?    Yes <input type="checkbox"/> No <input type="checkbox"/>
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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:**

<input type="checkbox"/> Decedent's Estate	<input type="checkbox"/> Grantor Type Trust	<input type="checkbox"/> Pooled Income Fund
<input type="checkbox"/> Simple Trust	<input type="checkbox"/> Complex Trust	<input type="checkbox"/> Bankruptcy Estate
<input type="checkbox"/> ESBT	<input type="checkbox"/> Charitable Trust	
<input type="checkbox"/> Other (describe): <input style="width:400px;" type="text"/>	Number of Beneficiaries: <input style="width:100px;" type="text"/>	

Place an 'X' if: (1)  Initial Return    (2)  Final Return    (3)  Amended Return (See Schedule 513-X on page 5)

**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)**

1	Interest income (except government obligations).....
2	Interest on obligations of the United States .....
3	State and municipal interest .....
4	Dividends.....
5	Business income or (loss) .....
6	Capital gain or (loss) .....
7	Rents, royalties, partnerships, other estates and trusts, etc .....
8	Farm income or (loss) .....
9	Ordinary gain or (loss).....
10	Other income (state nature of income).....
11	<b>Total income</b> (add lines 1 through 10) .....

Column A		Column B	
As reported on Federal return		Total applicable to Oklahoma	
	00	1	00
	00	2	
		3	00
	00	4	00
	00	5	00
	00	6	00
	00	7	00
	00	8	00
	00	9	00
	00	10	00
	00	11	00



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Name of Estate or Trust:	Federal Employer Identification Number:
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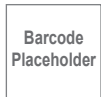
**PART 1** Important: Provide a copy of your Federal return. Also provide a schedule for Oklahoma amounts when different from Federal.

**DEDUCTIONS**

12	Interest ( <b>provide</b> schedule).....
13	Taxes ( <b>provide</b> schedule) .....
14	Fiduciary fees ( <b>provide</b> waiver for estates) .....
15	Charitable deduction .....
16	Attorney, accountant, and return preparer fees.....
17	Oklahoma capital gain deduction ( <b>provide</b> Form 561-F) .....
18	Other deductions ( <b>provide</b> schedule) .....
19	Income distribution deduction (use Oklahoma Schedule K-1; see instructions).....
20	Federal estate tax deduction ( <b>provide</b> schedule) .....
21	Exemption .....
22	<b>Total deductions</b> (add lines 12 through 21).....
23	<b>Taxable income of fiduciary</b> (subtract line 22 from line 11).....

<b>Column A</b>		<b>Column B</b>	
As reported on Federal return		Total applicable to Oklahoma	
	00	12	00
	00	13	00
	00	14	00
	00	15	00
	00	16	00
	00	17	00
	00	18	00
	00	19	00
	00	20	00
	00	21	00
	00	22	00
	00	23	00

24	Tax on amount on line 23, Column B (from tax table - see 513 Packet) 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 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box.....	<input style="width:40px;" type="text"/>	24	00
25	Credits: Enter number in box for type of credit. <b>Provide</b> Form 511-CR. (See instructions) .....	<input style="width:40px;" type="text"/>	25	00
26	Balance of tax due (subtract line 25 from line 24, but not less than zero).....		26	00
27	2024 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) .....	27	00	
28	Amount paid with extension request.....	28	00	
29	Oklahoma withholding ( <b>provide</b> Form 1099, 500-B or other withholding statement).....	29	00	
30	Refundable Credit from Form 578 .....	30	00	
31	Amount paid with original return and amount paid after it was filed (amended return only) .....	31	00	
32	Any refunds or overpayment applied (amended return only) .....	32 (	) 00	
33	Total of lines 27 through 32 .....	33	00	



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Amount from line 33 on page 2

34	If line 33 is larger than line 26, enter amount <b>overpaid</b> (line 33 minus line 26).....	34	00
35	Amount of line 34 to be credited to 2025 estimated tax (original return only) .....	35	00
36	Amount of line 34 to be refunded to you (line 34 minus line 35).....	<b>Refund</b> 36	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: \_\_\_\_\_

37	If line 26 is larger than line 33, enter tax due (line 26 minus line 33).....	<b>Tax Due</b> 37	00
38	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>	38	00
39	For delinquent payment, add penalty of 5%.....\$ _____ plus interest at 1.25% per month .....\$ _____	39	00
40	Total tax, penalty and interest (add lines 37, 38 and 39).....	<b>Balance Due</b> 40	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		Fiduciary Email Address		Printed Name of Preparer		Preparer Email Address	
Title of Fiduciary		Phone Number		Phone Number		Preparer's PTIN	

**Mailing address for this form: 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.

<b>Form 513 - page 4 Oklahoma Schedule K-1</b>	<b>Part 2: Beneficiary's Share of Income and Deductions</b>	<b>2024</b>
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For calendar year 2024 or fiscal year beginning _____, 2024 and ending _____, _____.	<input type="checkbox"/> Amended K-1 <input type="checkbox"/> Final K-1 <input type="checkbox"/> Nonresident
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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

	FEDERAL	OKLAHOMA
<b>INCOME</b>		
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		

<b>DEDUCTIONS</b>		
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. _____ 13f		
g. _____ 13g		

