# Form 511-NR 2024



### Oklahoma Nonresident/Part-Year Income Tax Return

Vau	r Social Socurity Number	Spouse's Social S	Security Nu	mber			AME	NDED RETUI	RN!
Tou	Place an 'X' in this box if this taxpayer is deceased	(joint return only)		bo	ace an 'X' in tl ox if this taxpa deceased —	yer	is an a	an 'X' in this bo amended 511-N chedule 511-NR	R.
	ne and Address - Please Print or Type First Name Middle Initial Last Name	lf :	a Joint Returr	ı, Spouse's Fi	irst Name	Middle Initia	al Last Na	ame	
Maili	ng Address (Number and street, including apartment number, rural route	or PO Box) City			State	ZIP or Pos	tal Code	Country	
	g - <b>p</b>	on, chi				2 0 00		Country	
			* Note: If o	laiming Spe	ecial Exemp	ion see ins	tructions	on page 10 o	f 511NR Packet.
	1 Single		, noto: ii	January <b>Gp</b>		*Special	Blind	on page 10 0	
S	2 Married filing joint return (even if only one h	ad income)	(0)	Yourself	+			В	
tatu	3 Married filing separate		ü					-	(a)
Filing Status	If spouse is also filing, list Name:     name and SSN in the boxes: SSN:		Exemptions	Spouse	+				(b)
∺	4 Head of household with qualifying person		Ε					1	- (2)
-	5 Qualifying surviving spouse with dependent	t child	Xe		Numbe	r of deper	ndents		(c)
	Please list the year spouse died in box at right:		ш	Add the T	otals from b Ente	oxes (a), (b) er the TOTA			
5	Nonresident(s) State of Residence:			•		•	nt on and	other return,	enter "0" in the
Residency	Part-Year Resident(s) Fromt	.o	Total box	for your re	gular exem <sub>l</sub>	otion.			
Res	Resident/Part-Year Resident/Nonresident		Ago 65	or Older?	? (Please see	inetructions)		Yourself	Spouse
Ļ	State of Residence: Yourself Spo	use	Age 03	or Older	(Ficase sec	: Ilistructions)		Tourson	
De	ependents - If more than four dependents, see instruc	ctions and place ar	n 'X' here:						
1. Fi	rst Name 2. Last Name	3.	Social Securi	ty Number	4. Date of I	Birth	5. Relation	onship to You	
					-				
	Not Required to File - Place an 'X' in this bo	x if you are a non	resident	whose gre	oss incom	e from Ok	lahoma	a sources is	s less than
Col	↓\$1,000. (see instructions)     mplete Schedule 511-NR-1 "Income Allocation	ı for Nonresider	nts and F	Part-Year	· Residen	ts" to an	rive at	Oklahoma	a Source
	ome (line 1) and Federal adjusted gross incor								
				Fede	eral Amo	unt	0	klahoma	Amount
1	Oklahoma source income (Schedule 511-NR-1, line	18)					1		00
	, ,	-,							
2	Federal adjusted gross income (Schedule 511-NR-	1, line 19)				00	2		
3	Oklahoma additions (Schedule 511-NR-A, line 9)					00	3		00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and	•				00	4		00
5	Oklahoma subtractions (Schedule 511-NR-B, line 19).					00	5		00
6	Adjusted gross income: Oklahoma Source (line 4 mir	nus line 5)					6		00
7	Adjusted gross income: All Sources (line 4 minus line 5) Als	so enter on line 8				00	7		
8	Adjusted gross income: All Sources (from line 7)						8		00
9	Oklahoma Adjustments (Schedule 511-NR-C, line 7)						9		00
10	Income after adjustments (line 8 minus line 9)						10		00

Barcode Placeholder

#### 2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 2

	rme(s) Shown Form 511NR:	Your Social Security N	
	Amount from line	10 on nage 1	00
11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (\$	ingle or	
	Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Surviving Spouse: \$12,700 • Head of House	noia: \$9,350)	11 00
12	Exemptions: Enter the total number of exemptions claimed on page 1 X \$1,000		12 00
13	Total deductions and exemptions (add lines 11 and 12)		13 00
14	Oklahoma Taxable Income: (line 10 minus line 13)		14 00
15	(a) Oklahoma Income Tax from Tax Table <b>or</b> if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15 15a	00	
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15	00	
	Oklahoma Income Tax (line 15a plus line 15b)		15 00
	<b>DP AND READ:</b> If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Sc		
16	Oklahoma child care/child tax credit (see instructions)		16 00
17	Line 15 minus line 16 (This is your tax base) (Do not enter less than zero)		17 00
18	Tax percentage:  Oklahoma Amount (from line 6)  a)  Federal Amount (from line 7) b)		18 %
19	Oklahoma Income Tax. Multiply line 17 by line 18 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in	n 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)		19 00
20	Credit for taxes paid to another state ( <b>provide</b> Form 511-TX) nonresidents do not qualify		20 00
21	Form 511-CR - Other Credits Form - List 511-CR line number claimed here:		21 00
22	Line 19 minus lines 20 and 21(Do not enter I	ess than zero)	22 00
23	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma		
	If you certify that no use tax is due, place an 'X' here:		23 00
24	Balance (add lines 22 and 23)		24 00
25	Oklahoma withholding (provide W-2s, 1099s or withholding statement) 25	00	
26	1 7		
	If you are a qualified farmer, place an 'X' here:	00	
27	2024 payment with extension	00	
28	Credit from Form 578	00	
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4)	00	
30	,	00	
31	Total number of eligible students claimed:	00	
	(amended return only)	00	
32	Payments and credits (add lines 25-31)		32

Barcode Placeholder

#### 2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 3

	ne(s) Shown Form 511NR:			Your Social Security N		
						,
		А	mount from line 32 o	n page 2		00
33		iginal return and/or prior amended returr urn only)	. ,		33	00
34	Total payments and credits (line 32	2 minus line 33)			34	00
35	If line 34 is more than line 24, subtra	ct line 24 from line 34. This is your <b>overp</b>	payment		35	00
36		25 estimated tax (original return only) urther information)	36	00		
Place	dule 511-NR-G provides you with the opportuenthe the line number of the organization from Scloto more than one organization, put a "99" in t	-	a variety of Oklahoma organiza	tions.		
37	Donations from your refund (total fro	m Schedule 511NR-G)	37	00		
38	Total deductions from refund (add lin	es 36 and 37)			38	00
39	Amount to be <b>refunded</b> (line 35 mine	us line 38)			39	00
	0.00 is required to receive a paper che ected, you will receive a debit card. S	ee the 511-NR Packet for direct deposit,				
sel		ls this refund going to or through an acc Direct Deposit my refund in my:  Checking Account  Routing	debit card and paper che count that is located outsion	ck informati	on.	
sel	ected, you will receive a debit card. S  nd my refund as a:	ls this refund going to or through an acc Direct Deposit my refund in my:	debit card and paper che count that is located outsic r:	ck informati	on.	
sel	nd my refund as a:  Debit Card  Paper Check	ls this refund going to or through an acc Direct Deposit my refund in my: Checking Account Routing Number Savings Account Account Number	debit card and paper che count that is located outsices t	ck informati	on.	
See	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtra	Is this refund going to or through an accomplered Deposit my refund in my:  Checking Account  Savings Account  Account Number  Act line 34 from line 24. This is your tax detect (annualized installment method	debit card and paper che count that is located outsic r: t r:	ck informati	on.  ted States?  Yell  40	es No
<b>See</b> 40 41	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtrated Underpayment of estimated tax interpretations.	Is this refund going to or through an accomplered Deposit my refund in my:  Checking Account  Savings Account  Account Number  Act line 34 from line 24. This is your tax detect (annualized installment method	debit card and paper che count that is located outsic  r:  t :	ck informati	on.  ted States?  Yell  40	es No
<b>See</b> 40 41	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtrated Underpayment of estimated tax interpated the plus interest of 1.25% per month	ls this refund going to or through an acconnect Deposit my refund in my:  Checking Account  Savings Account  Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Number  Acting Account Number  Acting Account Number  Account Number  Acting Account Number  Account Number  Acting Account Number  Account Number  Acting Account Number  Account Nu	debit card and paper che count that is located outsic  r: t :	le of the Uni	on.  ted States?  Ye  40	00 00
\$\frac{40}{41}  42	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtrated Underpayment of estimated tax interpated the plus interest of 1.25% per month	ls this refund going to or through an acconnect Deposit my refund in my:  Checking Account  Savings Account  Account  Number  act line 34 from line 24. This is your tax direct (annualized installment method ty of 5%	debit card and paper che count that is located outsic  r: t :	le of the Unit	on.  ted States? Ye  40  41	00 00
See 40 41 42 43	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtrated the subtrated that interest of 1.25% per month  Total tax, penalty and interest (add lattachments and schedules, is true and correct than the subtrated that interest of 1.25% per month	ls this refund going to or through an acconnect Deposit my refund in my:  Checking Account  Savings Account  Account  Number  act line 34 from line 24. This is your tax direct (annualized installment method ty of 5%	debit card and paper che count that is located outsic  t :  box if the Oklahoma Tax Cometurn with your tax preparer	le of the Unit	on.  ted States? Ye  40  41  42  43	00 00
See 40 41 42 43 Unde and a edge Taxp	nd my refund as a:  Debit Card  Paper Check  If line 24 is more than line 34, subtrated the subtrated that interest of 1.25% per month  Total tax, penalty and interest (add I repealty of perjury, I declare the information contained the subtrated that and schedules, is true and correct and belief.	Is this refund going to or through an accontect Deposit my refund in my:  Checking Account  Savings Account  Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Account Number  Acting Account Number  Account N	debit card and paper che count that is located outsic  t :  t :  box if the Oklahoma Tax Cometurn with your tax preparer  Date  Paid Pre	mission	on.  ted States? Ye  40  41  42  43	00 00 00

 $\underline{\text{Do not staple}}$  documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800



2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 4 Note: Provide this page with your return.

Name(s) Shown on Form 511NR:

Your Social Security Number:

## Schedule 511-NR-1: Income Allocation for Nonresidents and Part-Year Residents See instructions on pages 10-12.

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

		Federal Amount		Oklahoma Amount
1	Wages, salaries, tips, etc	00	1	00
2	Taxable interest income	00	2	00
3	Dividend income	00	3	00
4	Taxable IRA distribution	00	4	00
5	Taxable pensions and annuities	00	5	00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B)	00	6	00
7	Capital gains or losses (Federal Schedule D)	00	7	00
8	Taxable refunds (state income tax)	00	8	00
9	Alimony received (divorce/separation agreement date:)	00	9	00
10	Business income or (loss) (Federal Schedule C)	00	10	00
11	Other gains or losses (Federal Form 4797)	00	11	00
12	Rental real estate, royalties, partnerships, etc	00	12	00
13	Farm income or (loss)	00	13	00
14	Unemployment compensation	00	14	00
15	Other income		15	
16	(identify:) Add lines 1 through 15		15	00
10	Add lines 1 tillough 15	00	16	00
17	Total Federal adjustments to income (identify:)	00	17	00
18	Oklahoma source income (line 16 minus line 17)		40	
19	Enter here and on page 1, line 1  Federal adjusted gross income (line 16 minus line 17)		18	00
	Enter here and on page 1, line 2	00	19	



2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 5 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.

Name(s) Shown on Form 511NR:

Your Social Security Number:

	hedule 511-NR-A: Oklahoma Additions instructions on pages 19-21.	Federal Amount		Oklahoma Amount
1	State and municipal bond interest	00	1	00
2	Lump sum distributions (not included in your Federal AGI)	00	2	00
3	Federal net operating loss	00	3	00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion	00	4	00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	00	5	00
6	Oklahoma loss distributed by an electing PTE	00	6	00
7	Oklahoma Bonus Depreciation Add-back	00	7	00
8	Miscellaneous: Other additions (enter number in box for the type of addition )	00	8	00
9	Total additions (add lines 1-8, enter total here and on line 3 of Form 511-NR)	00	9	00
	hedule 511-NR-B: Oklahoma Subtractions instructions on pages 21-25.	Federal Amount		Oklahoma Amount
1	Interest on U.S. government obligations	00	1	00
2	Taxable Social Security (from Schedule 511-NR-1, line 6)	00	2	00
3	Federal civil service retirement in lieu of social security	00	3	00
	- Retirement Claim Number:			
4	Military Retirement	00	4	00
5	Oklahoma government or Federal civil service retirement	00	5	00
	-			
6	Other retirement income	00	6	00
7	U.S. Railroad Retirement Board Benefits	00	7	00
8	Additional depletion	00	8	00
9	Oklahoma net operating loss (Loss Year[s] (provide Schedules)	00	9	00
10	Exempt tribal income (see instructions for qualifications)	00	10	00
11	Gains from the sale of exempt government obligations	00	11	00
				00
12	Nonresident military wages (provide W-2)	00	12	
13	Oklahoma Capital Gain Deduction ( <b>provide</b> Form 561-NR)	00	13	00
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	00	14	00



2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 6 Note: Provide this page ONLY if you have an amount shown on a schedule.

Nan on F	ne(s) Shown Form 511NR:			Social rity Numb	er:
Sc	hedule 511-NR-B: Oklahoma Subtractions (Continued	Federal Amoun	t		Oklahoma Amount
15	Oklahoma income distributed by an electing PTE		00	15	00
16	Oklahoma Bonus Depreciation Deduction		00	16	00
17	Oklahoma Deduction for Qualified Equity Investment in an Eligible Oklahoma Venture Capital Company ( <b>provide</b> Form 582-I)		00	17	00
18	Miscellaneous: Other subtractions (enter number in box for the type of deduction))		00	18	00
19	Total subtractions (add lines 1-18, enter total here and on line 5 of Form 511-NR)		00	19	00
Sc	chedule 511-NR-C: Oklahoma Adjustments See i	nstructions on pages 25-28	s.		
1	Military pay exclusion - Active Duty, Reserve and National Guard (not retir	rement)		. 1	00
2	Qualifying disability deduction (residents and part-year residents only)			2	00
3	Contributions to Oklahoma 529 College Savings Plan and OklahomaDrea	m 529 Account(s)		3	00
4	Deductions for providing foster care			. 4	00
5	Parental Choice Tax Credit for Private School			. 5	00
6	Miscellaneous: Other adjustments (enter number in box for the type of dec	duction	)	6	00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 5	511-NR)		. 7	00
	chedule 511-NR-D: Oklahoma Itemized Deduction				
If yo	u claimed itemized deductions on your Federal return, you must claim	Oklahoma Itemized Dedu	ctions		
1	Federal itemized deductions from Federal Sch. A, line 17	1	0	0	
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2	0	1	
	,		0		
3	Line 1 minus line 2			. 3	00
4	Medical and Dental expenses from Federal Sch. A, line 4	4	0	0	
5	Gifts to Charity from Federal Sch. A, line 14	5	0	0	
6	Line 3 minus lines 4 and 5			6	00
7	Is line 6 more than \$17,000?  YES. Your itemized deductions are limited. Complete lines 9-11.				
	NO. Your itemized deductions are not limited. Skip lines 9 and 10. G	o to line 11.			
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and			8	17,000 00
a	Medical and Dental expenses from Federal Sch. A. line 4			q	00

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2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 7 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.

Nam on F	e(s) Shown orm 511NR:				ur Social curity Num	nber:	
Sc	hedule 511-NR-D: Oklahoma Itemized Deduct	ion	S (continued)				
10	Gifts to Charity from Federal Sch. A, line 14  Oklahoma Itemized Deductions				10		00
Ente	If you responded YES on line 7: Add lines 8, 9 and 10. If you responded NO on line 7: Enter the amount from line 3er your Oklahoma Itemized Deductions on line 11 of Form 511-NF				11		00
	hedule 511-NR-E: Child Care/Child Tax Credit		e instructions on page 2	28.	7		
The Fed	ur Federal Adjusted Gross Income is \$100,000 or less and you a credit on your Federal return, then as a resident, part-year resideral ahoma tax. Your Oklahoma credit is the <b>greater</b> of:  • 20% of the credit for child care expenses allowed by the IRS CODE  • 5% of the child tax credit allowed by the IRS Code. This include additional child tax credit.  credit must be prorated based on the ratio of Adjusted Gross Incomeral Adjusted Gross Incomeral Adjusted Gross Incomeral Control of Code in the redit of Code in the redit of Code in the redit of Adjusted Gross Incomeral Adjusted Gross Incomeral Code in the redit of Adjusted Gross Incomeral Code in the redit of Code in the red	nt or code es b	nonresident military, y oth the nonrefundable : All sources to Federa	ou a chilo	re allow I tax cre usted G	ved a credit against you will be a credit against you will be a credit and the refundable Gross Income. If your	ur e
1	Enter your Federal child <u>care</u> credit	1			00		
2	Multiply line 1 by 20%	2			00		
3	Enter your Federal child <u>tax</u> credit (total of child tax credit & additional child tax credit)	3			00		
4	Multiply line 3 by 5%	4			00		_
-	Enter the larger of line 2 or line 4				5		00
6	Divide the amount on line 7 of Form 511-NR by the amount on line 2 of F	-orm	511-NR				
	Enter the percentage from the above calculation here (do not enter mo	re th	an 100%)		6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credi Enter total here and on line 16 of Form 511-NR				7		00
Sc	hedule 511-NR-F: Earned Income Credit See in	struc	ctions on page 28.				
requ	idents and part-year residents are allowed a credit equal to 5% of irements for calculating the earned income tax credit for federal in vide a copy of your Federal return and OTC Form 511-EIC.  Nonresidents of	ncor	ne tax purposes in effe				_
1	Federal earned income credit (from OTC Form 511-EIC)				1		00
2	Multiply line 1 by 5%				2		00
3	Divide the amount on line 6 of Form 511-NR by the amount on line 2 of Form	n 511	-NR				
	Enter the percentage from the above calculation here (do not enter more t	han 1	00%)		3		%
	The are percentage from the above calculation fore (at hot effet filler filler						70
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here ar on line 29 of Form 511-NR)				4		00



2024 Form 511-NR - Nonresident/Part-Year Income Tax Return - Page 8

Note: Provide this page if you have an amount shown on a schedule or are filing an Amended Return.

Schedule 511-NR-G: Donations from Refund (Original Return Only) See instructions on page 29.  This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding eac program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511-NR-G Information on page 29 of to 511-NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511-N Information lists the mailing address to mail your donation to the organization.  Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511-NR, please list the number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at li	ne IR-G ation. line
program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511-NR-G Information on page 29 of t 511-NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511-N Information lists the mailing address to mail your donation to the organization.  Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization.  Then carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511-NR, please list the	ne IR-G ation. line
Then carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511-NR, please list the	line
of Form 511-NR.	IE 30
1 Support of Programs for Volunteers to Act as Court Appointed Special Advocates	
for Abused or Neglected Children	00
2       Y.M.C.A. Youth and Government Program       \$2       \$5       \$	00
3 Support Wildlife Diversity Fund	00
Total donations (add lines 1-3, enter total here and on line 37 of Form 511-NR)	00
Did you file an amended Federal return?  Yes No  If Yes, <b>provide</b> a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a and give the reason. If more space is needed, <b>provide</b> a separate schedule.	