

# Oklahoma Supplemental Schedule for Form 514, Part 5

FORM **514-SUP** 2024

**FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY**

Name of Partnership	FEIN	Page
		of

	Partner #	Partner #
1 Name and Address of Each Partner Name: Address: City, State, ZIP:		
2 SSN or FEIN		
3 Percentage of Partnership Owned		
4 Distributable Federal Income		
5 Distributable Oklahoma Income (see instructions)		
6 Guaranteed Payments (Federal)		
7 Guaranteed Payments (Oklahoma)		
8 Oil and Gas Depletion (Federal)		
9 Oil and Gas Depletion (Oklahoma)		
10 Amount of Credit		
11 Type of Credit		
12 Amount of Withholding		
13 Type of Withholding		

Nonresident Partner (If the electing PTE box is checked on Form 514 page 1, leave line 14 blank)

14 Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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