

Form 512-S Test Scenario 2

WorkNAllday, Inc.

00-0000007

Test Scenario 2 uses the Federal Form 1120S Test Scenario 6

Deviations from Test Package Federal form 1120S:

- 1120S, page 1 - Change the corporation's State to OK and the ZIP to 73025.
- 1120S – Schedule K, Line 10 – Other Income to be changed to \$0.
- 1120S – Schedule K, Line 8a to be changed to \$10,000.
- 1120S - Schedule D & Form 8949 to be changed to include a long term capital gain of \$10,000 on the sale of stock in an Oklahoma Company. The stock in 'Oklahoma Company' was acquired on 04/01/05 for \$20,000 and sold on 07/15/18 for \$30,000. Oklahoma Company's FEI is 11-0000914.

Forms Required: 512-S, 561S

Binary Attachments: Signed Form 512-SA for Bin Exempt. (Scanned form must contain a handwritten signature.)

Misc. Additional Information –

- A stand-alone Oklahoma Annual Franchise Tax Return (Form 200) will be filed.
- The area code for the corporation's phone number is 405.
- Incorporated under the laws of – Oklahoma.
- Estimated tax payments of \$1,500 were made in four equal installments.
- Apply \$50 of the overpayment to next year's estimated tax.
- The refund should be by direct deposit to a checking account in an Oklahoma credit union:
 - Routing Number – 303085418
 - Account Number – 10023456
- Check the box to allow the Oklahoma Tax Commission to speak to the paid preparer.
- The income for WorkNAllday, Inc. is all within Oklahoma.
- The interest income is reported as 'other interest income' in Part 3.
- Carrie Ortiz acquired ownership in the S Corporation on 3/8/1992.

Information needed to complete Part 6: Additional Information –

- The location of principal accounting records is the same as the address on the return.
- The Internal Revenue Service has not redetermined the company's tax liability for any prior year.
- The statute of limitations was not extended by consent for any prior year.
- The business name is the same as on the tax return.
- The principal location in Oklahoma is the same as on the tax return.
- The date business began in Oklahoma was 3/8/1992.

OKLAHOMA SMALL BUSINESS CORPORATION INCOME AND FRANCHISE TAX RETURN

Form 512-S
2018



This form is due 30 days after the due date of the Federal Return

AMENDED RETURN!
If this is an Amended Return place an 'X' here
See Schedule 512-S-X on page 10.

For the year January 1 - December 31, 2018, or other taxable year beginning: , 2018 ending: ,

Corporate Name:
WORKNALLDAY, INC

Street Address:
37 ANY STREET

City, State or Province, Country and ZIP or Foreign Postal Code:
ANYTOWN OK 73025

Federal Employer Identification Number: **00-0000007** Business Code Number: **321900**

Date of Incorporation: **3/8/1992** Under the Laws of: **OKLAHOMA** Type of Business: **MANUFACTURING**

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

If this is a final return, place an 'X' here:

Notice: Corporations that filed a Form 200-F electing to file a combined corporate income and franchise tax return should:

- Complete Sections One, Two and Three on pages 1 and 2.
- Complete the applicable income tax schedules on pages 3-5.
- Complete the applicable franchise tax schedules on pages 6-9.
- NOT have remitted the maximum amount of franchise tax for the preceding tax year.

Corporations filing a stand-alone Oklahoma Annual Franchise Tax Return (Form 200) or who are not required to file a franchise tax return should:

- Complete Sections One and Three on pages 1 and 2.
- Complete the applicable income tax schedules on pages 3, 4 and 5.
- NOT complete the franchise tax portion of the return.

PART ONE, SECTION ONE: INCOME TAX - Tax Computation Schedule for Nonresident Shareholders Who Do Not File Form 512-SA and for a Corporation Claiming the Refundable Credits from Form 577 or 578.

1a	Nonresident share of income from Page 5, Part 5, line 14.....	1a	9,305	00	
1b	Nonresident share of Okla. capital gain deduction (provide Form(s) 561S)	1b	5,000	00	
1c	Nonresident share of deductions (see instructions)	1c		00	
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c)	1			4,305 00
2	Tax: 6% of line 1 (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 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)	2			258 00
3	Other Credits Form (see instructions) (provide Form 511CR)	3			00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4			258 00
5	2018 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC)	5	1,500	00	
6	Amount paid with extension request	6		00	
7	Okla. withholding (provide Form 1099, 500-A, 500-B or other withholding statement)	7		00	
8	Refundable Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 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			1,500 00
12	Overpayment (line 11 minus line 4)	12			1,242 00
13	Tax Due (line 4 minus line 11)	13			00
14	Donation: Support the Oklahoma General Revenue Fund	14			00
15	Underpayment of estimated tax interest	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)	17			00

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



Name shown on Form 512-S: **WORKNALLDAY, INC**

Federal Employer Identification Number: **00-0000007**

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 6, 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	Franchise Tax Balance →	00

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 00

Overpayment

27 Total Overpayment 27 1,242 00

28 Amount of line 27 to be credited to 2019 estimated income tax (original return only) 28 50 00

Line 29 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line 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.... \$2 \$5 \$ _____ 29 00

30 Total (add lines 28 and 29) 30 50 00

31 Amount of line 27 to be refunded to you (line 27 minus line 30).....Refund → 31 1,192 00

Direct Deposit Note:
All refunds must be by direct deposit. See Direct Deposit Information on page 12 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: 303085418 Account Number: 10023456

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

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. Make check payable to the Oklahoma Tax Commission

Corporate Seal	Signature of Officer		Date		Signature of Preparer		Date	
	Printed Name of Officer				Printed Name of Preparer			
	Title		Phone Number		Phone Number		Preparer's PTIN	
	CEO		405-555-1234		512-555-1212		P55555555	



Name shown on Form 512-S: **WORKNALLDAY, INC**

Federal Employer Identification Number: **00-0000007**

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\$ 11,468,259	11,468,259	00	1	11,468,259 00
	b. Minus returns and allowances\$ _____				
2	Cost of goods sold and/or operations.....	10,061,879	00	2	10,061,879 00
3	Gross profit (subtract line 2 from line 1)	1,406,380	00	3	1,406,380 00
4	Net gain (loss) (Form 4797 Part II, line 17)	14,433	00	4	14,433 00
5	Other income (loss) (provide schedule).....		00	5	
6	Total income (loss) (add lines 3 through 5).....	1,420,813	00	6	1,420,813 00
7	Compensation of officers.....	161,698	00	7	161,698 00
8	Salaries and wages	196,941	00	8	196,941 00
9	Repairs and maintenance.....	17,760	00	9	17,760 00
10	Bad debts		00	10	
11	Rent.....	160,574	00	11	160,574 00
12	Taxes and licenses	36,594	00	12	36,594 00
13	Interest.....	26,103	00	13	26,103 00
14	Depreciation	6,726	00	14	6,726 00
15	Depletion (do not deduct oil and gas depletion)		00	15	
16	Advertising.....	8,257	00	16	8,257 00
17	Pension, profit-sharing, etc. plans	14,715	00	17	14,715 00
18	Employee benefit programs.....		00	18	
19	Other deductions (provide schedule)	367,327	00	19	367,327 00
20	Total deductions (add lines 7 through 19)	996,695	00	20	996,695 00
21	Ordinary Income (Loss) from trade or business: Subtract line 20 from line 6. Enter here and below on Part 3, line 1	424,118	00	21	424,118 00

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 above on Part 2, line 21)	424,118	00	1	424,118 00
2	Net income (loss) from rental real estate activity(ies) (provide schedule).....		00	2	
3	Net income (loss) from other rental activity(ies) (provide schedule).....		00	3	
4	Interest income				
	a: Interest on loans, notes, mortgages, bonds, etc.		00	4a	
	b: Interest on obligations of a state or political subdivision			4b	
	c: Interest on obligations of the United States		00	4c	
	d: Other interest income.....	71,147	00	4d	71,147 00
5	Dividend income		00	5	
6	Royalties.....		00	6	
7	Net short-term capital gain (loss) (Schedule D, 1120-S)	78,649	00	7	78,649 00
8	Net long-term capital gain (loss) (Schedule D, 1120-S)	10,000	00	8	10,000 00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft)		00	9	
10	Other (provide schedule).....		00	10	
11	Total income (add lines 1 through 10).....	583,914	00	11	583,914 00

Deductions (lines 12 through 17)

12	Section 179 deduction (provide schedule)	62,935	00	12	62,935 00
13	Contributions		00	13	
14	Deductions related to portfolio income		00	14	
15	Intangible drilling costs		00	15	
16	Other deductions authorized by law (provide schedule).....	502,369	00	16	502,369 00
17	Total Deductions (add lines 12 through 16).....	565,304	00	17	565,304 00
Total (line 18)					
18	Net distributable income (line 11 minus line 17).....	18,610	00	18	18,610 00

If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 5 of packet.



Name shown on Form 512-S: **WORKNALLDAY, INC**

Federal Employer Identification Number: **00-0000007**

PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME

Enter the information for each shareholder. If there are more than 3 shareholders, use Form 512-S-SUP to enter the additional shareholders. Use as many Forms 512-S-SUP as needed.

		SHAREHOLDER 1	SHAREHOLDER 2	SHAREHOLDER 3
1	Name and address of each shareholder Name: Address: City, State, ZIP:	CARRIE ORTIZ	BIN XEMPT	
		55 ANY STREET	51 ANY STREET	
		ANYTOWN WI 53201	ANYTOWN WI 53201	
2	SSN or FEIN	000-00-0006	000-00-0008	
3	Ownership Percentage	50%	50%	
4	Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	9,305	9,305	
5	Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)	9,305	9,305	
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

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 checked="" type="checkbox"/> No	<input checked="" 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)	9,305		

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.....\$	9,305
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**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.

PART 6: ADDITIONAL INFORMATION

Location of Principal Accounting Records

37 ANY STREET ANYTOWN OK 73025
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 WORKNALLDAY, INC Date business began in Oklahoma 3/8/1992

Principal location(s) in Oklahoma 37 ANY STREET, ANYTOWN OK 73025

Mail to: Oklahoma Tax Commission, PO Box 26800, Oklahoma City, Oklahoma 73126-0800



State of Oklahoma

OKLAHOMA CAPITAL GAIN DEDUCTION

FOR THE NONRESIDENT SHAREHOLDER WHOSE INCOME IS REPORTED ON FORM 512-S, PART 1

(Qualifying Assets Held for the Applicable Holding Period)

FORM **561S** 2018

Corporate Name as Shown on Return WORKNALLDAY, INC	Federal Employer Identification Number 00-0000007
Name of Nonresident Shareholder CARRIE ORTIZ	Social Security Number/Federal Employer Identification Number 000-00-0006

Enter the Date(s) the Nonresident Shareholder Acquired Ownership in the S Corporation: 03/08/1992

1. List qualifying Oklahoma capital gains and losses, not included on lines 2 and 3 below.

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
SHARES IN OKLAHOMA COMPANY A2. Oklahoma Location/Address or Federal ID Number: 11-0000914					
A3. Type of property sold: (see instructions) <input type="checkbox"/> 1	04/01/05	07/15/18	30,000	20,000	5,000

1. List qualifying Oklahoma capital gains and losses, not included on lines 2 through 5 below.

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions) <input type="checkbox"/>					

1. List qualifying Oklahoma capital gains and losses, not included on lines 2 through 5 below.

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions) <input type="checkbox"/>					

2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. (Provide a copy of Federal Form 6252) Type of property sold (See instructions) <input type="checkbox"/>	2	
3. Qualifying Oklahoma net capital gain or (loss) from like-kind exchanges reported on Federal Schedule D, line 12. (Provide a copy of Federal Form 8824) Type of property sold (See instructions) <input type="checkbox"/>	3	
4. Qualifying Oklahoma net capital gain. Add amounts in column F on lines 1, 2 and 3. (If zero or less, enter "0")	4	5,000
5. Nonresident shareholder's share of the net capital gain apportioned and allocated to Oklahoma	5	5,000
6. Oklahoma Capital Gain Deduction. Enter the smaller of lines 4 or 5 here and on Form 512-S, Part 1, line 1b. (Do not enter less than zero)	6	5,000

Provide Federal Form 1120S, Schedule D and Form(s) 8949



NONRESIDENT SHAREHOLDER AGREEMENT

FORM **512-SA** 2018

I, BIN KEMPT, the undersigned, do agree I will file an Oklahoma Income Tax Return for the taxable year ending 12/31/2018. I will include, in Oklahoma adjusted gross income, my share of distributable taxable income or net operating loss of the corporation named below to the extent such income, gain or loss, is at the corporate level, derived from sources within Oklahoma. I further state I made and executed this agreement for the purpose of filing it with the following named corporation to be submitted with the Oklahoma Small Business Corporation Income Tax Return, Form 512-S, filed by the corporation for the taxable year indicated above.

Corporation WORKNALLDAY, INC
Street Address or Post Office Box 37 ANY STREET
City ANYTOWN State OK ZIP 73025
Federal Employer Identification Number 00-0000007

Bin Kempt 000-00-0005
Signature of Shareholder Executing Agreement Social Security Number or Federal Employer Identification Number

Dated this 4TH day of MARCH, 2019.

CORPORATION PLEASE NOTE:

This agreement must be filed with the original Small Business Corporation Income Tax Return, Form 512-S, for each nonresident shareholder. Otherwise, the corporation shall be taxed on that part of the corporation's net taxable income allocable to the shares of stock owned by the nonresident shareholder. Once the agreement has been signed, it is irrevocable for this taxable year. Rule 710:50-21-1