Form 513 2018

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OKLAHOMA RESIDENT FIDUCIARY RETURN OF INCOME

For the	torm must be filed the fourth month aft the year January 1 - De eginning:	er the close of cember 31, 2018, o ending:	the taxable year.	If this is an Amended Return place an 'X' here See Schedule 513-X on page 4.							
Addı	ress of fiduciary: (numbe	er and street)									
City,	State or Province, Coun	try and ZIP or Foreig	gn Postal Code:		This fo	rm is for re	esidents only	<i>I</i> .		Important!	
Federal Employer Identification Number: Date Entity Created: Name and title of fiduciary:				This form is for residents only. Nonresidents use Form 513NR. This is a(n): Initial Return Final Return				Was a Fiduciary Income Tax Return filed for the previous year? Yes No			
in	ace an 'X' -> all applicable xes:	Simple	ent's Estate Trust lescribe):	Grantor Typ Complex Tru Charitable T	ust	Н	d Income Fur uptcy Estate	ıd		Number of Beneficiar	ries:
\vdash		or Oklahoma ar	y of your Federal I nounts when diffe hedule(s) for lin	erent from Feder			umn A	rn		Column B Total applicable to Oklal	
1		•	nment obligations	,			T	00	1	Тош арриошно со сим	00
2	Interest on oblig	ations of the U	Inited States					00	2		
3	-								3		00
4		•						00	4		00
5								00	5		00
6		` ,						00	6		00
7			other estates and					00	7		00
8								00	8		00
9							-	00	9		00
10		, ,	income)				-	00			00
11	•		ough 10)					00			00
\Box	Deductions	idd iii les T ti II C	rugii 10/					UU	11		100
12	Interest (provide	schedule)						00			00
13 14 15 16 17 18			for estates)					00 00			00
15								00			00
16	Attorney, accour	ntant, and retu	rn preparer fees					00			00
17			ion (provide Forn						17		00
18			edule)					00			00
19		•	se Oklahoma Sche		•			00			\neg
20			provide schedule	,				00			00
21	•							00	21		00
22	Total Deduction	ns (add lines 1	2 through 21)					00	22		00
23	Taxable Income	e of Fiduciary	(subtract line 22	from line 11)				00	23		00

Form 513 - page 2 OKLAHOMA RESIDENT FIDUCIARY RETURN OF INCOME

Na	me of estate or trust:			Federal Employer Identification Number:			
						Column B	
						Total applicable to Oklahoma	
24	Taxable income of fiduciary (Am	ount shown on line 23, Colun	nn B)			24 00	
25	Tax on amount on line 24 colum	n B (from tax table - see 513	Packe	t)			
	If an ESBT or Charitable Trust,			' '	_	na	
	Affordable Housing Tax Credit,						
	an Oklahoma installment paym Sec. 2368(K), add the installme					25 00	
	occ. 2000(it), add the installing	one payment here and enter a	0 111 11	DOX		25	
26	Credits: Enter number in box for	type of credit. Provide Form	511CF	R. (See instructions)		26 00	
27	Balance of tax due (subtract line		than z	zero) <u></u>		27 00	
28	2018 Oklahoma estimated tax p	ayments					
29	(i.e. Form(s) OW-8-ESC)					0	
30	Oklahoma withholding (provide Fo					0	
	Chanema whimelening (provider o	ini 1000, 000 B of other withhelding o	iaiomon	., 00		<u> </u>	
31	Refundable Credits from Form			31	0	0	
32	Amount paid with original return						
H	(amended return only)			32	- 0	0	
33	Any refunds or overpayment ap	plied (amended return only)		33 () 0	0	
34	Total of lines 28 through 33						
	35 If line 34 is larger than line						
	36 Amount of line 35 to be credited to 2019 estimated tax						
(original return only)				36	unded -	0 00	
_				1101		37	
W	ant a Faster Refund?	Is this refund going to or through					
	ect to have your refund directly	Deposit my refund in my:	che	ecking account	savings	s account	
deposited into your checking or savings account.							
For Direct Deposit information, see							
page 15 of the 513 Packet. Account Number:							
_	1611 071 1 11 11 04			_			
38	If line 27 is larger than line 34 er	nter tax due		Ia	x Due —	38 00	
39	Underpayment of estimated tax	interest		Annı	ualized	39 00	
40	For delinquent payment, add pe						
	interest at 1.25% per month						
41	Total tax, penalty and interest (a	add lines 38, 39 and 40)		Balanc	e Due –	41 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 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 Friduciary Date Date						Date	
Jigila	S. O. O. I. Iddoldi y	Signature of Preparer Date					
Printed Name of Fiduciary			Printed Name of Preparer				
Title of Fiduciary Phone Number			Phone	e Number		Preparer's PTIN	

Form 513 - page 3 Oklahoma Schedule K-1

PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

2018

Fo	r calendar year 2018 or fiscal year beginning	Amended K-1					
and	d ending	Nonresident					
Name of estate or trust							
Ber	neficiary's FEIN/SSN	Estate's or trust's Federal Employer le	dentification Nun	nber			
Ber	neficiary's name, address and ZIP	Fiduciary's name, address and ZIP					
In	come		FEDERAL	Оксанома			
1	Interest	1					
2	Dividends	2					
3	Short-term capital gain (or loss)						
4	Long-term capital gain (or loss)	4					
5	Other taxable income:						
	a. Annuities, royalties and other nonbusiness incon						
	b. Trade or business, rental real estate and other b						
6	•						
7	U.S. interest						
Deductions							
8	a. Depreciation, depletion, amortization attributable to I	<u> </u>					
	b. Depreciation, depletion, amortization attributable to I	_					
9	Expenses allocable to Federally-exempt income						
_	Expenses allocable to Oklahoma-exempt income						
11	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	1 · · · · · · · · · · · · · · · · · · ·						
	a	13a					
	b	_					
	C						
	d	13d					
	e	13e					
	f	13 f					
	l n	130					

Barcode Placeholder

Name of estate or trust:	Federal Employer Identification Number:						
SCHEDULE 513-X: AMENDED RETURN SCHEDULE							
SCHEDOLL STO X. AMENDED REPORT SCHEDOLL							
A Did you file an amended Federal income tax return? Yes No							
Provide a copy of the amended Federal return and a copy of "Statement of Adjustr	nent" IRS refund check or denocit clin						
Trovide a copy of the afficience redefaire with and a copy of Statement of Adjusti	ient, ino retuitu check of deposit siip.						
B If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.							
Explanation or Reason for Amended Return (Provide all necessary schedules):						
	 						
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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 32. Enter any refund previously received or overpayment applied on line 33. Complete the Amended Return Schedule, Schedule 513-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.