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8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1

2		
3		Barcode 3
4	2018 Form 511 - Resident Income Tax Return - Page 2	Placeholder 4
5		5
3	Name(s) shown	6
7	on Form 511:	7
8		8
9	PART THREE: TAX, CREDITS AND PAYMENTS	g
1 0	Total from line 40	00 1 0
1	20 Total from line 19	00
	21 Use tax due on Internet, mail order, or other out-of-state purchases	00 1
2	(For use tax table, see page 11 of the Packet) If you certify that no use tax is due, place an 'X' here:	2
3	22 Balance (add lines 20 and 21)	00 3
4	23 Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) 23 00	4
5	24 2018 estimated tax payments (qualified farmer)	5
3	25 2018 payment with extension	6
7	Low Income Property Tax Credit (provide Form 538-H)	7
3	27 Sales Tax Relief Credit (provide Form 538-S)	8
9	Natural Disaster Tax Credit (provide Form 576)	9
2 0	29 Credits from Form	2 0
1	30 Amount paid with original return plus additional paid after it was filed	1
2	(amended return only)	2
3	31 Payments and credits (add lines 23-30)	<u> </u>
4	32 Overpayment, if any, as shown on original return and/or prior amended return(s) or	4
5	as previously adjusted by Oklahoma (amended return only)	00 5
6	Total payments and credits (line 31 minus 32)	00
7	PART FOUR: REFUND	/
В		8
9	34 If line 33 is more than line 22, subtract line 22 from line 33. This is your overpayment	9
3 0	35 Amount of line 34 to be applied to 2019 estimated tax (original return only)	3 0
1	(For further information regarding estimated tax, see page 4 of the 511 Packet.) 35	
2	Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma	
3	organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to	3
4	more than one organization, put a "99" in the box. Provide Schedule 511-H	4
5	Donations from your refund (total from Schedule 511-H)	5
3	37 Total deductions from refund (add lines 35 and 36)	00 6
7	38 Amount to be refunded to you (line 34 minus line 37)	00 7
3		8
9	Direct Deposit Note: Is this refund going to or through an account that is located outside of the United States?	Yes No 9
4 0	Verify your account and routing num- Deposit my refund in my:	4 0
1	bers are correct. If your direct deposit	1
2	fails to process or you do not choose direct deposit, you will receive a debit	
3	card See the 511 Packet for direct Account	
4	deposit and debit card information. savings account Number:	
	PART FIVE: AMOUNT YOU OWE	5
5		
5	39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due	00
7	40 Donation: Support the Oklahoma General Revenue Fund (original return only)40	00 7
3	41 Underpayment of estimated tax interest (annualized installment method	8 00
9	(If you have an underpayment of estimated tax (line 41) & overpayment (line 34), see instructions.)	9
5 0	42 For delinquent payment add penalty of 5%\$	5 0
1	plus interest of 1.25% per month\$ 42	00 1
2	Total tax, donation, penalty and interest (add lines 39-42)43	00
3	Under penalty of perjury, I declare the information contained in this document, and all Place an 'X' in this box if the Oklahoma Tax Commission	3
1	attachments and schedules, is true and correct to the best of my knowledge and belief. may discuss this return with your tax preparer	4
5	Taxpayer's signature Date Spouse's signature Date Paid Preparer's signature	Date 5
6		6
7	Taxpayer's Spouse's Paid Preparer's address and phone n	umber 7
3	occupátion occupation	8
9	Daytime Phone Daytime Phone	9
6 0	(optional) (optional) Paid Preparer's PTIN	6 0
1	Faiu Fiepalei S P IIIV	
2	DO NOT STAPLE DOCUMENTATION TO THIS FORM. TO ATTACH ITEMS, PLEASE USE A PAPER CLIP.	2
-	MAILING ADDRESS FOR THIS FORM: P.O. 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.

2018 Fo	rm 511 - Resident Income Tax Return - Page 4		Barcode Placeholde
NOTE: F	Provide this page ONLY if you have an amount shown on a schedule.		
Name(s) s on Form 5		Your Social Security Number:	
S	CHEDULE 511-D Oklahoma Itemized De	eductions	
f vou o	laimed itemized deductions on your Federal return, you must claim Oklah	nome Itemized Deducti	one
ı you cı	allined iternized deductions on your rederal return, you must claim ontain	ioma itemizea beadcii	Olis.
	deral itemized deductions from Federal Sch. A, line 17	00	
	ate and local sales or income taxes from Federal Sch. A, line 5a Federal Sch A, line 5e is limited, enter that portion of Federal Sch A,		
	5a included in line 5e)2	00	
3 Lin	ne 1 minus line 2	3	00
4 Me	edical and Dental expenses from Federal Sch. A, line 4 4	00	
5 Git	fts to Charity from Federal Sch. A, line 145	00	
6 Lir	ne 3 minus lines 4 and 5	6	oc
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 & 10. Go to li	ine 11.	
8 Ma	aximum amount allowed for itemized deductions. (exception, lines 9 & 10) 8	17,000 00
9 Me	edical and Dental expenses from Federal Sch. A, line 4	9	00
10 Gi	fts to Charity from Federal Sch. A, line 14	10	loc
11 Ok	klahoma Itemized Deductions		
	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 3	11	loc
Enter v	our Oklahoma Itemized Deductions on line 10 of Form 511 unless you ha	ave income from out-of	state on line 4 of
Form 5	11. If you have an amount on line 4 of Form 511, complete Schedule 511		
mine th	ne amount to enter on line 12 of Form 511.		
SCL	HEDULE 511-E Deductions and Exemption	One See instructions	for details on
SCI	TEDULE 311-L Deductions and Exempti	qualifications and	d required documents
	s schedule if you have income from out-of-state (Form 511, line 4). Your ed on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted G		
	except out-of-state income. If you claimed itemized deductions on your fe		
	completing this schedule.		
	klahoma itemized deductions (Schedule 511-D, line 11) or Oklahoma standard deduction		00
	cemptions (\$1,000 x number of exemptions claimed at top of Form 511)		00
	tal (add lines 1 and 2)		00
7 1 10			
\Box	vide the amount on line 7 of Form 511 by the amount on line 3 of Form 5	11	
\Box			
\Box			
4 Di	nter the percentage from the above calculation here (do not enter more than 1)	00%)4	%
4 Di	nter the percentage from the above calculation here (do not enter more than 10 tall allowable deductions and exemptions (multiply line 3 by percentage		%
4 Di		e on line 4,	%

6 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 6

UI	ame(s) shown				Your Social Security Number:	
C	SCHEDULE 511-F Child Care	/Child	Tav	Cradit		
3	SCHEDULE 311-F Clina Care	/Cillia	Iax	Credit	qualifications and required docu	ume
-	your Federal Adjusted Gross Income is \$100,000 or					
	e child tax credit on your Federal return, you are allo e greater of:	wed a cred	it agains	st your Oklar	noma tax. Your Oklahoma cre	edit
uic	• 20% of the credit for child care expenses allowe	d by the ID	Codo			
	Your allowed Federal credit cannot exceed the a				rted on your Federal return.	
	<u>or</u>					
	5% of the child tax credit allowed by the IRS Co.					
	This includes both the nonrefundable child tax co	edit and the	e refunc	lable additio	nal child tax credit.	
	ne credit must be prorated based on the ratio of Okla				o Federal Adjusted Gross Inc	con
	your Federal Adjusted Gross Income is greater than rovide a copy of your Federal return and, if applicable				schedule	
1 10		s, the rede	iai cililu	care credit s	scriedule.	
1	Enter your Federal child care credit	1			00	
2	Multiply line 1 by 20%	2			00	
3	Enter your Federal child tax credit					
	(total of child tax credit & additional child tax credit	t)з			00	
4	Multiply line 3 by 5%	4			00	
5	Enter the larger of line 2 or line 4				5	
6	Divide the amount on line 7 of Form 511 by the ar	mount on lir	ne 1 of F	orm 511		
		Hourt on in	10 1 01 1	01111 0111		
	Enter the percentage from the above calculation h	nere (do not	enter mo	re than 100%)	6	
7						
	Enter total here and on line 15 of Form 511				7	
5	SCHEDULE 511-G Earned	Incor	ne C	redit	See instructions for details on qualifications and required docu	mei
						H
	ou are allowed a credit equal to 5% of the Earned Inc ted on the ratio of Oklahoma Adjusted Gross Income					
	turn.	, to i caciai	Aujuste	a aross irio	ome. I foride a copy of your	1 00
						
1						
2	Multiply line 1 by 5%				2	
3	Divide the amount on line 7 of Form 511 by the ar	nount on lir	ne 1 of F	orm 511		
	Enter the percentage from the above calculation I	nere (do not	enter mo	re than 100%)	3	
4	4 Oklahoma earned income credit				4	
4		ne 16 of Fo	rm 511)		4	
4	4 Oklahoma earned income credit	ne 16 of Fo	rm 511)		4	

 $1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 10 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 20 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 30 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 40 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3$

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	E: Provide this page <u>ONLY</u> if you have an amou	ınt shown or	a schedul	e or are filin	-	n.
	e(s) shown rm 511:				Your Social Security Number:	
9	SCHEDULE 511-H Don	ations	from	Refun	d (Original return	only)
	schedule allows you to make a donation from	Nour refund	to a varia	ty of Oklob	omo organizationa	Information
	rding each program, its mission, how funds a			-	-	
	mation. If you are not receiving a refund, but					
	H Information lists the mailing address to mai					eiving a refund and
	to donate to Support the Oklahoma General					
	e an 'X' in the box associated with the dollar a				-	
	nization. Then carry that figure over into the oplease list the line number of the organization					
	se write a "99" in the box at line 36 of Form 5		ou donated	i. II you doi	iate to more than or	ie organization,
	Packet 511, page 19 for Schedule 511-H Info					
1	Support of Programs for Volunteers to Act					
	as Court Appointed Special Advocates					
	for Abused or Neglected Children	\$2	\$5	\$	1	00
2	VMCA Vouth and Covernment Brogram	\$2	\$5	\$		00
+	Y.M.C.A. Youth and Government Program		φο	T D	2	
3	Indigent Veteran Burial Program	\$2	\$5	\$	3	00
4	Support the Oklahoma General Revenue Fu		\$5	\$	4	00
5	Oklahoma Emergency Responders Assistan Program	\$2	\$5	\$	5	00
6	Support of Folds of Honor Scholarship Progra	am \$2	\$5	\$	6	00
7	Support the Wildlife Diversity Fund	\$2	\$5	\$	7	00
	Gupport the Whalle Diversity I and	[] Ψ2		Ψ	17	1 00
8	Total donations (add lines 1-7, enter total h	ere and on I	ine 36 of F	orm 511)	8	00
S	CHEDULE 511-I: AMENDE	n Reti	IRN IN	IFORM/	ATION	
	CHEBOLE STITE AMENDE				ATTOIN	
Did :	you file an amended Federal return? Ye	es I	No O			
	s, provide a copy of the IRS Form 1040X or 1					
	djustment", IRS check or deposit slip. IRS doc	cuments sub	mitted afte	er filing this	Oklahoma amended	d return may delay
	essing.					
	ain the changes to income, deductions, and/orting a change and give the reason. If more s					hich you are
ОРС		paco 10 11000	Jou, provid	io a copaiai	lo conocario.	
+						

6 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 6

 $1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 10 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 20 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 30 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 40 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3 \ 6 \ 7 \ 8 \ 9 \ 50 \ 1 \ 2 \ 3$