

# Oklahoma Resident Fiduciary Return of Income

FORM 513 IS FOR RESIDENTS ONLY. NONRESIDENTS USE FORM 513NR.

This form must be filed on or before the 15th day of the fourth month after the close of the taxable year.

**IMPORTANT!**

Was a Fiduciary Income Tax Return filed for the previous year?

Yes  No

For the year January 1 - December 31, 2019, or other taxable year beginning:

, 2019  ,

Name of estate or trust:	Federal Employer Identification Number:	Date Entity Created:
Address of fiduciary: (number and street)	Name and title of fiduciary:	
City, State or Province, Country and ZIP or Foreign Postal Code:		

Place an 'X' in all applicable boxes: →	<input type="checkbox"/> Decedent's Estate	<input type="checkbox"/> Grantor Type Trust	<input type="checkbox"/> Pooled Income Fund	Number of Beneficiaries:
	<input type="checkbox"/> Simple Trust	<input type="checkbox"/> Complex Trust	<input type="checkbox"/> Bankruptcy Estate	
	<input type="checkbox"/> ESBT	<input type="checkbox"/> Charitable Trust		
	<input type="checkbox"/> Other (describe): _____			

Place an 'X' if: (1)  Initial return (2)  Final return (3)  Amended return (See Schedule 513-X on page 4)

**PART 1** Important: Provide a copy of your Federal return. Also provide a schedule for Oklahoma amounts when different from Federal.

INCOME (PROVIDE NECESSARY SCHEDULE(S) FOR LINES 2-10)		Column A As reported on Federal return	Column B Total applicable to Oklahoma
1	Interest income (except government obligations).....	.00	1 .00
2	Interest on obligations of the United States .....	.00	2 .00
3	State and municipal interest.....		3 .00
4	Dividends .....	.00	4 .00
5	Business income or (loss) .....	.00	5 .00
6	Capital gain or (loss).....	.00	6 .00
7	Rents, royalties, partnerships, other estates and trusts, etc .....	.00	7 .00
8	Farm income or (loss).....	.00	8 .00
9	Ordinary gain or (loss) .....	.00	9 .00
10	Other income (state nature of income).....	.00	10 .00
11	<b>Total income</b> (add lines 1 through 10).....	.00	11 .00
DEDUCTIONS			
12	Interest (provide schedule).....	.00	12 .00
13	Taxes (provide schedule).....	.00	13 .00
14	Fiduciary fees (provide waiver for estates).....	.00	14 .00
15	Charitable deduction.....	.00	15 .00
16	Attorney, accountant, and return preparer fees.....	.00	16 .00
17	Oklahoma capital Gain deduction (provide Form 561F) .....		17 .00
18	Other deductions (provide schedule).....	.00	18 .00
19	Income distribution deduction (use Oklahoma Schedule K-1; see instructions) ...	.00	19 .00
20	Federal estate tax deduction (provide schedule) .....	.00	20 .00
21	Exemption .....	.00	21 .00
22	<b>Total Deductions</b> (add lines 12 through 21).....	.00	22 .00
23	<b>Taxable Income of Fiduciary</b> (subtract line 22 from line 11).....	.00	23 .00

Barcode Placeholder

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Name of estate or trust:	Federal Employer Identification Number:
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<b>Column B</b>
Total applicable to Oklahoma

24	Taxable income of fiduciary (Amount shown on line 23, Column B).....	24	.00
25	Tax on amount on line 24 column B (from tax table - see 513 Packet) If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" 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 "3" in the box.....	25	.00
26	Credits: Enter number in box for type of credit. Provide Form 511CR. (See instructions).....	26	.00
27	Balance of tax due (subtract line 26 from line 25, but not less than zero) .....	27	.00
28	2019 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) .....	28	.00
29	Amount paid with extension request.....	29	.00
30	Oklahoma withholding (provide Form 1099, 500-B or other withholding statement).....	30	.00
31	Refundable Credits from Form.....a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578 .....	31	.00
32	Amount paid with original return and amount paid after it was filed (amended return only) .....	32	.00
33	Any refunds or overpayment applied (amended return only) .....	33	( ) .00
34	Total of lines 28 through 33 .....	34	.00
35	If line 34 is larger than line 27, enter amount <b>overpaid</b> .....	35	.00
36	Amount of line 35 to be credited to 2020 estimated tax ( <b>original return only</b> ) .....	36	.00
37	Amount of line 35 to be refunded to you .....	37	.00

<p><b>Want a Faster Refund?</b> →</p> <p>Elect to have your refund directly deposited into your checking or savings account.</p> <p>For Direct Deposit information, see page 15 of the 513 Packet.</p>	<p>Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account</p> <p>Routing Number: <input style="width:150px" type="text"/></p> <p>Account Number: <input style="width:350px" type="text"/></p>
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38	If line 27 is larger than line 34 enter tax due .....	Tax Due → 38	.00
39	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/> 39	.00
40	For delinquent payment, add penalty of 5%..... \$ ..... plus interest at 1.25% per month .....	40	.00
41	Total tax, penalty and interest (add lines 38, 39 and 40).....	Balance 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

Make check payable to the 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 Fiduciary	Date	Signature of Preparer	Date
Printed Name of Fiduciary		Printed Name of Preparer	
Title of Fiduciary	Phone Number	Phone Number	Preparer's PTIN

<b>Form 513 - page 3</b> <b>Oklahoma</b> <b>Schedule K-1</b>	<b>Part 2: Beneficiary's Share of</b> <b>Income and Deductions</b>	<b>2019</b>
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For calendar year 2019 or fiscal year beginning _____, 2019 and ending _____, _____.	<input type="checkbox"/> Amended K-1 <input type="checkbox"/> Final K-1 <input type="checkbox"/> Nonresident
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Name of estate or trust	
Beneficiary's FEIN/SSN	Estate's or trust's Federal Employer Identification Number
Beneficiary's name, address and ZIP	Fiduciary's name, address and ZIP

INCOME	FEDERAL	OKLAHOMA
1 Interest..... 1		
2 Dividends..... 2		
3 Short-term capital gain (or loss)..... 3		
4 Long-term capital gain (or loss)..... 4		
5 Other taxable income:		
a. Annuities, royalties and other nonbusiness income..... 5a		
b. Trade or business, rental real estate and other business income ..... 5b		
6 State and municipal interest..... 6		
7 U.S. interest..... 7		

DEDUCTIONS		
8 a. Depreciation, depletion, amortization attributable to line 5a..... 8a		
b. Depreciation, depletion, amortization attributable to line 5b..... 8b		
9 Expenses allocable to Federally-exempt income..... 9		
10 Expenses allocable to Oklahoma-exempt income..... 10		
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 Other:		
a. _____ 13a		
b. _____ 13b		
c. _____ 13c		
d. _____ 13d		
e. _____ 13e		
f. _____ 13f		
g. _____ 13g		

