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

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

PART THREE: TAX, CREDITS AND PAYMENTS	2019 Form 511 - Resident Incon The Oklahoma Tax Commission is not required to	ne Tax Return - Page 2 give actual notice to taxpayers of changes in any state tax law.		Barcode Placeholder
Total from line 19				
Total from line 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	PART THREE: TAX. CREDITS	AND PAYMENTS		
21 10 10 10 10 10 10 10				00
Groupe tax table, see page 11 of the Packet If you certify that no use tax is due, place an 'X' here:				
Selance (add lines 20 and 21)				.00
Althorns withholding provide all W-Rs, 1098e or other withholding statements)				00
24 0.00				.00
25 2015 payment with extension				
Sales Tax Relet Credit (provide Form 538-5)				
27 Sales Tax Relief Credit (provide Form 538-5)				
Ratural Disaster Tax Credit (provide Form 576) 28				
29 Credits from Form Som Soft Soft				
Amount paid with original return plus additional paid after it was filed (generoed return only). (generoed return only). 30 Payments and credits (add lines 23-30)				
Commended return only				
Payments and credits (add lines 23-30)			.00	
32 Overpayment, If any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) 32 0.00			31	.00
33 Total payments and credits (line 31 minus 32)				
PART FOUR: REFUND 34 If line 33 is more than line 22, subtract line 22 from line 33. This is your overpayment				.00
## If line 33 is more than line 22, subtract line 22 from line 33. This is your overpayment	33 Total payments and credits (ine 31 minus 32)	33	.00
## If line 33 is more than line 22, subtract line 22 from line 33. This is your overpayment	DART FOUR. DEFUND			
Amount of line 34 to be applied to 2020 estimated tax (original return only) (For further information regarding estimated tax, see page 4 of the 511 Packet.)35 Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H	PART FOUR: REFUND			
For further information regarding estimated tax, see page 4 of the 511 Packet.)35 .00	34 If line 33 is more than line 22,	subtract line 22 from line 33. This is your overpayment	34	.00
Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organization. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H	35 Amount of line 34 to be applie	d to 2020 estimated tax (original return only)		
organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H				
Donation: Public School Classroom Support Fund (original return only) 40b 0.00				
So Donations from your refund (total from Schedule 511-H)			A below. If you give to	
37 Total deductions from refund (add lines 35 and 36)			00	
Same and to be refunded to you (line 34 minus line 37) Same and some an				00
Set in the case of the United States? Ves No				
Verify your account and routing numbers are correct. If your direct deposit falls to process or you do not choose direct deposit falls to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE 39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		(iiile 34 milius iiile 37)		.00
are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE 39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due	Direct Deposit Note:	Is this refund going to or through an account that is I	ocated outside of the United States?	Yes No
to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information. PART FIVE: AMOUNT YOU OWE 39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due		Deposit my refund in my:		
Account See the 51 Packet for direct deposit and debit card. See the 51 Packet for direct deposit and debit card information.	to process or you do not choose direct			
PART FIVE: AMOUNT YOU OWE 39 If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due				
If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due				
If line 22 is more than line 33, subtract line 33 from line 22. This is your tax due	DART FIVE. AMOUNT YOU	LOWE		
a) Donation: Support the Oklahoma General Revenue Fund (original return only)				
b) Donation: Public School Classroom Support Fund (original return only)				
41 Underpayment of estimated tax interest (annualized installment method				
(If you have an underpayment of estimated tax (line 41) & overpayment (line 34), see instructions.) 42 For delinquent payment add penalty of 5%				
For delinquent payment add penalty of 5%		No. of the contract of the con		.00
plus interest of 1.25% per month			STRUCTIONS.)	
Taxpayer's signature Date Spouse's signature Daytime Phone (optional) Daytime Phone (optional) Do not staple documentation to this form. To attach items, please use a paper clip.				
Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Taxpayer's signature Date Spouse's signature Date Spouse's occupation Daytime Phone (optional) Daytime Phone (optional) Do not staple documentation to this form. To attach items, please use a paper clip.				
attachments and schedules, is true and correct to the best of my knowledge and belief. Taxpayer's signature Date Spouse's signature Date Paid Preparer's signature Date Daytime Phone (optional) Daytime Phone (optional) Do not staple documentation to this form. To attach items, please use a paper clip.				.00
Taxpayer's occupation Daytime Phone (optional) Day time Phone (optional) Daytime Phone (optional) Daytime Phone (optional) Daytime Phone (optional) Paid Preparer's address and phone number Paid Preparer's PTIN Paid Preparer's PTIN				
Taxpayer's occupation Daytime Phone (optional) Do not staple documentation to this form. To attach items, please use a paper clip.	Taxpayer's signature	Date Spouse's signature Date	ate Paid Preparer's signature	Date
Daytime Phone (optional) Daytime Phone (optional) Daytime Phone (optional) Daytime Phone (optional) Paid Preparer's PTIN Do not staple documentation to this form. To attach items, please use a paper clip.				
Daytime Phone (optional) Daytime Phone (optional) Daytime Phone (optional) Paid Preparer's PTIN Do not staple documentation to this form. To attach items, please use a paper clip.		Spouse's occupation	Paid Preparer's address and phone numbe	er e
(optional) Paid Preparer's PTIN Do not staple documentation to this form. To attach items, please use a paper clip.				
Paid Preparer's PTIN Do not staple documentation to this form. To attach items, please use a paper clip.				
Do not staple documentation to this form. To attach items, please use a paper clip.	(optional)	(optional)	Paid Preparer's PTIN	
	Do n	ot staple documentation to this form. To attach items		
				

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 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

			Barcode Placeholder
	19 Form 511 - Resident Income Tax Return - Page 3 TE: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.		
	me(s) shown	Your Social	
on	Form 511:	Security Number:	
	Schedule 511-A: Oklahoma Subtractions	See instructions for details on cand required documents.	qualifications
	Interest on U.S. government obligations	1	.00
	Social Security benefits taxed on your Federal Form 1040 or 1040-SR	2	.00
	3 Federal civil service retirement in lieu of social security	3	.00.
	Retirement Claim Number: Taxpayer Spouse		
	4 Military Retirement (see instructions for limitation)		
	+		.00.
	Oklahoma government or Federal civil service retirement (see instructions for limitation)	on)5	.00
	Other retirement income (see instructions for limitation)	6	.00.
	7 U.S. Railroad Retirement Board benefits	7	.00
	B Oklahoma depletion	8	.00
H	9 Oklahoma net operating loss (provide schedules)Loss Year(s)	9	
1	-		.00.
1			.00.
1			.00.
1			00.
Ħ			
1	Miscellaneous: Other subtractions (enter number in box for type of deduction)		.00
₩			
₩	Total subtractions (add lines 1-15, enter total here and on line 2 of Form 511)	16	.00
1	Sabadula 511 P. Oklahama Additiona See i		.00
1	Schedule 511-B: Oklahoma Additions requi	instructions for details on qualificated documents.	cations and
1	Schedule 511-B: Oklahoma Additions See i requi	instructions for details on qualificated documents.	cations and
1	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents.	cations and
1	Schedule 511-B: Oklahoma Additions requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	cations and
1	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	cations and .00
1	Schedule 511-B: Oklahoma Additions requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and .00 .00 .00
1	Schedule 511-B: Oklahoma Additions requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2 3	.00 cations and .00 .00 .00 .00
1	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and .00 .00 .00 .00 .00 .00
1	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and .00 .00 .00 .00 .00 .00 .00
1	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest		.00 cations and .00 .00 .00 .00 .00 .00 .00 .00 .00
1	State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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1	State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
1	State and municipal bond interest	instructions for details on qualificative documents. 1 a positive number 2 3	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	State and municipal bond interest	instructions for details on qualificative documents. 1 a positive number 2 3	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1 a positive number 2	.00 cations and
	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificative documents. 1 a positive number 2	.00 cations and000000000000000
	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1	.00 .00
	Schedule 511-B: Oklahoma Additions See i requi State and municipal bond interest	instructions for details on qualificated documents. 1	.00 cations and .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

2010 Form 5	11 - Resident Income Tax Return - Page 4		Barcode Placeholder
	de this page <u>ONLY</u> if you have an amount shown on a schedule.		
Name(s) shown on Form 511:		Your Social Security Number:	
Sched	ule 511-D: Oklahoma Itemized Deductio	See instructions for de qualifications and requ	
f you claimed	d itemized deductions on your Federal return, you must claim Oklahoma Iten	nized Deductions	
you olalillot		THE STATE OF THE S	
1 Federal if	remized deductions from Federal Sch. A, line 171	.00	
	d local sales or income taxes from Federal Sch. A, line 5a		
	al Sch A, line 5e is limited, enter that portion of Federal Sch A, cluded in line 5e)	.00	
	nus line 2		.00
			.00
	and Dental expenses from Federal Sch. A, line 44	.00	
5 Gifts to C	Charity from Federal Sch. A, line 145	.00	
6 Line 3 mi	nus lines 4 and 5	6	.00.
7 Is line 6 r	nore than \$17,000?		
YES	S. Your itemized deductions are limited. Complete lines 9-11.		
NO.	Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.		
8 Maximun	n amount allowed for itemized deductions. (exception, lines 9 & 10)	8	17,000.00
	and Dental expenses from Federal Sch. A, line 4		.00
10 Gifts to C	Charity from Federal Sch. A, line 14	10	.00.
	na Itemized Deductions		
	u responded YES on line 7: Add lines 8, 9 and 10		
If yo	u responded NO on line 7: enter the amount from line 3		.00.
Enter your O	klahoma Itemized Deductions on line 10 of Form 511 unless you have incom	ne from out-of-state on line	4 of Form 511. If
you have an on line 12 of	amount on line 4 of Form 511, complete Schedule 511-E "Deductions and E	Exemptions" to determine th	e amount to enter
on line 12 of			
Sched	ule 511-E: Deductions and Exemptions	See instructions for details qualifications and required	s on d documents.
	edule if you have income from out-of-state (Form 511, line 4). Your exemption		
ratio of Oklah	oma Adjusted Gross Income to Federal Adjusted Gross Income reduced by	allowable adjustments exce	ept out-of-state
ncome. If you	u claimed itemized deductions on your federal return, complete Schedule 51	1-D before completing this	schedule.
1 Oklahom or Oklaho	a itemized deductions (Schedule 511-D, line 11)	1	.00.
	ons (\$1,000 x number of exemptions claimed at top of Form 511)		.00
 1 1	d lines 1 and 2)		
o lotal (add	1 111100 1 (21)		.00.
4 Divide th	e amount on line 7 of Form 511 by the amount on line 3 of Form 511		
	<u>•</u>		
Enter the	percentage from the above calculation here (do not enter more than 100%)	4	%
5 Total allo	owable deductions and exemptions (multiply line 3 by percentage on line 4,		,,,
enter tota	al here and on line 12 of Form 511) (Leave lines 10 - 11 of Form 511 blank)	5	.00.

20	019 Form 511 - Resident Income Tax Return - Page 5	Barcode Placeholder
	IOTE: Provide this page ONLY if you have an amount shown on a schedule.	
	Name(s) shown Your Social	
on	on Form 511: Security Nur	nber:
(Schedule 511-F: Child Care/Child Tax Credit See instructions for and required documents.	details on qualifications
	Scriedule 511-F. Cilia Care/Cilia lax Credit and required docum	ients.
	f your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child car	
cre	eredit on your Federal return, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is	s the greater of:
	20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federa.	l return
	or	
	5% of the child tax credit allowed by the IRS Code.	
	This includes both the nonrefundable child tax credit and the refundable additional child tax credit.	
Th	The credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted	Gross Income.
lf y	f your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed.	
Pro	Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.	
\forall	+	
L.	1 Enter your Federal child care credit	
2	2 Multiply line 1 by 20%	
	3 Enter your Federal child tax credit	
	(total of child tax credit & additional child tax credit)	
4	4 Multiply line 3 by 5%	
!	5 Enter the larger of line 2 or line 4	.00
,	6 Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511	
		%
	Enter the percentage from the above calculation here (do not enter more than 100%) 6	70
	7 Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit.	
	Enter total here and on line 15 of Form 511	.00
1	Schedule 511-G: Earned Income Credit See instructions for details required documents.	on qualifications and
	ou are allowed a credit equal to 5% of the Earned Income Credit allowed on your Federal return. The cre	
rat	atio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. Provide a copy of your Fed	eral return.
\vdash		
ŀ	1 Federal earned income credit	.00
Н.		
+	2 Multiply line 1 by 5%	.00
;	3 Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511	
	Enter the percentage from the above calculation here (do not enter more than 100%)	%
 	4 Oklahoma earned income credit	
— "	(multiply line 2 by line 3, enter total here and on line 16 of Form 511)	.00

1 /	2019 Form 511 - Resident Income Tax Return - P	age 6				Barcode Placeholder
	NOTE: Provide this page ONLY if you have an am		n a schedul	e or are filin	g an amended return	
	Name(s) shown				Your Social	
Ш	on Form 511:				Security Number:	
Ш						
Ш	Schedule 511-H: Donations	from Re	efund (Original ret	turn only)	
Ш						
	This schedule allows you to make a donation from y program, its mission, how funds are utilized, and ma					
	a refund, but would like to make a donation to one of					
	mail your donation to the organization. If you are no					
Н	Fund or Public School Classroom Support Fund, se	e line 40a or 40	b of Form 5	11.		
	Place an 'X' in the box associated with the dollar an	nount you wish	to have ded	ucted from y	our refund and donate	d to that
	organization. Then carry that figure over into the col					
	list the line number of the organization to which you	donated. If you	ı donate to n	nore than on	e organization, please	write a "99" in the
Н	box at line 36 of Form 511.					
Н	See Packet 511, pages 19 and 20 for Schedule 511	-H Information.				
П	1 Support of Programs for Valuations to Act					
П	Support of Programs for Volunteers to Act as Court Appointed Special Advocates					
	for Abused or Neglected Children	\$2	\$5	\$	1	.00
	2 Indigent Veteran Burial Program	\$2	\$5	\$	2	.00
Ш	3 Support the Oklahoma General Revenue Fund	\$2	\$5	\$	3	.00
Ц	4 Oklahoma Emergency Responders Assistance					
Ш	Program		\$5	\$	4	.00
Н	5 Support of Folds of Honor Scholarship Program		\$5	\$	5	.00
H	6 Support Wildlife Diversity Fund	\$2	\$5	\$	6	.00
H	7 Support of Programs for Regional Food Banks					00
H	in Oklahoma		\$5	\$	7	.00
	8 Public School Classroom Support Fund		\$5	\$	8	.00
	9 Oklahoma Pet Overpopulation Fund		\$5 \$5	\$ \$	9	.00
	10 Support the Oklahoma AIDS Care Fund		1 35	1 5	10	.00
H	11 Total donations (add lines 1-10, enter total here and	on line 36 of For	m 511)		11	.00
Н			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.00
П	Schedule 511-I: Amended	Doturn I	nforma	tion		
	Schedule 311-1. Amended	neturiri	HIUHHIC			
	Did you file an amended Federal return?	Yes	No			
	If Yes, provide a copy of the IRS Form 1040X or 104 Adjustment," IRS check or deposit slip. IRS docume					
	Adjustment, The check of deposit slip. The docume	ents submitted	arter ming th	is Oklanoma	amended return may	delay processing.
		credits below. E	Enter the line	reference n	umber for which you a	re reporting a
	Explain the changes to income, deductions, and/or					, ,
	Explain the changes to income, deductions, and/or change and give the reason. If more space is neede	d, provide a se	oarate sched	lule.		
		d, provide a se	parate sched	lule.		
		d, provide a se	oarate sched	lule.		
		d, provide a se	parate sched	lule.		
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