## Oklahoma Nonresident/ Part-Year Income Tax Return

You	r So	cial Security Number	Place an 'X' in this box	AMENDED RETURN!						
			if this taxpayer is deceased -	Place an 'X' in this						
Spo	use'	s Social Security Number		box if this is an						
(joint	returr	n only)	Place an 'X' in this box	amended 511NR. See Schedule						
			if this taxpayer is deceased -	511NR-H.						
		Your first name	Middle initial Last name							
SSS	ype									
ldre	Ъ.	If a joint return, spouse's first nam	ne Middle initial Last name	)						
AA	ť				Not R	Required to File				
Name and Address	Pri	Mailing address (number and stre	et, including apartment num	ber, rural route or PO Box)	Place a	an 'X' in this box if you are a nonresident whose gross	_			
me	ase	0.4	01-11-	710	income	ne from Oklahoma sources is less than \$1,000.	1			
Na	Ple	City	State	ZIP	(see ins	nstructions)				
							_			
					* NOTE:	E: If claiming Special Exemption, see instructions on page 8 of 511NR Packe	ət.			
	1		t kotuko (aura if ank			Regular * Special Blind				
s	2		nt return (even if only	one had income)	S	Yourself + + E (a)				
tati	3	<ul> <li>Married filing sep</li> <li>If spouse is also filing, I</li> </ul>			u u					
Filing Status		name and SSN in the l			oti	Spouse + + E (b)				
i i	4		old with qualifying p	Derson	Ē					
-	5		(er) with depender		Exemptions	Number of dependents				
		Please list the year s			Ш	Add the Totals from boxes (a), (b) and (c).				
		, <b>,</b>	<b>-</b>	<b>J</b>		Enter the TOTAL here:				
5		Nonresident(s) Sta	ate of Residence:		Note: If	If you may be claimed as a dependent on another return, enter "0" in th	ıe			
enc	2 Part-Year Resident(s) From to			pox for your regular exemption.						
Residency		Resident/Part-Yea			[		_			
۳ ۳		State of Residence:	Yourself	Spouse	Age 6	65 or Over? (Please see instructions) Yourself Spouse	e			
					L					
		ete Schedule 511NR- art-Year Residents" to				Please Round to Nearest Whole Dollar				
		deral adjusted gross in		la Source Income (i		Federal Amount Oklahoma Amour				
1				R_1 line 18)	L		_			
2		deral adjusted gross i					00			
3		dahoma additions: Sch					00			
4		Id lines (Federal 2 and 3					00			
5		klahoma subtractions: S	, ,	,			00			
6							00			
7		justed gross income: All S					50			
8							00			
9						00				
10				· · · ·			00			
11		•		,		oma standard deduction				
							00			
12	Ex	emptions: Enter the tot	al number of exem	ptions claimed abo	ve		00			
13							00			
14				,			00			
15		Oklahoma Income Tax fro	m Tax Table <b>or</b> if usir	ng Farm Income Avera	aging,		_			
	(h)	enter tax from Form 573, If paying the Health Savin				00 15a				
	(U)	add additional tax here ar	nd enter a "2" in box	on line 15		00 <sub>15b</sub>				
	Ok	lahoma Income Tax (line 1					00			
STO	P AI	ND READ: If line 7 is equal t	o or larger than line 2, o	complete line 16. If line	7 is small	aller than line 2, see Schedule 511NR-E.				
1.1.0		lahoma child care/child	d tax credit (see ins	structions)			00			
16			,		s than zero) 17	00				

Barcode Placeholder

#### 2019 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

	ne(s) shown Form 511NR:						Your Social Security Number:	
18	Amount from line 1	7 on page						.00
19	Tax percentage:	Oklahoma a)	Amount (from line 6)	•	Federal Amount (from I b)			%
20	an Oklahoma installment	<b>ax.</b> Multiply oma Affordab	le Housing Tax Credit, ad rsuant to IRC Section 965	d reca	aptured credit here and en	ter a " <b>1</b> " in box	k. If making	
								.00 .00
21	Oklahoma earned inco Credit for taxes paid t		-					.00
22 23	Form 511CR - Other (							.00
23	Line 20 minus lines 21							.00
24	Use tax due on Intern				•			.00
20	If you certify that no	n uso tav is	due place an 'X' be	ro.				.00
26	Balance (add lines 24	and 25)		10.			26	.00
27	Oklahoma withholding						.00	100
28	2019 Oklahoma estim		-					
20	If you are a qualified	d farmer n	lace an 'X' here:	7	28		.00	
29	2019 payment with ex	tension			29		.00	
30	Credits from Form						.00	
31	Amount paid with orig							
	(amended return only)						.00	
32	Payments and credit							.00
33	Overpayment, if any, a							
	previously adjusted by							.00
34	Total payments and	•		• •				.00
35	If line 34 is more than	line 26, su	btract line 26 from lir	ne 34	. This is your <b>overpa</b>	yment		.00
36	Amount of line 35 to b	be applied	to 2020 estimated ta	x (or	iginal return only)	-		
Place more 37 38	dule 511NR-G provides you w the line number of the organ than one organization, put a Donations from your r Total deductions from Amount to be <b>refunde</b>	ization from S "99" in the box refund (tota refund (ac	chedule 511NR-G in the box x. Provide Schedule 511NR- al from Schedule 511 Id lines 36 and 37)	c. If yo G NR-(	u give to		.00	.00
	irect Deposit Note:		In this web well as in a to a					
Verif corre or yo rece	y your account and routing numl cct. If your direct deposit fails to bu do not choose direct deposit, ive a <u>debit card</u> . See the 511NR t deposit and debit card informa	process you will Packet for	Deposit my refund in Routing Number:	n my		ount	Savings Account	Yes No
	•							
40	If line 26 is more than				•			.00
41	a) Donation: Support							.00
	b) Donation: Public So							.00
42	Underpayment of esti							.00
43								
	plus interest of 1.25%							.00
44	Total tax, donation, p	enalty and	interest (add lines 40	)-43)				.00
and a	r penalty of perjury, I declare the ir II attachments and schedules, is tr ledge and belief.				an 'X' in this box if the Okla discuss this return with your			
Тахр	ayer's signature	Date	Spouse's signature	e	Date	Paid Prep	parer's signature	Date
Тахр	ayer's occupation		Spouse's occupation	on		Paid Prep	parer's address and phone n	umber
Dayt	ime Phone Number (optional)		A COPY	OF	FEDERAL RETURN			
				-	BE PROVIDED.	Paid Prep	parer's PTIN	
	Ple	ase remit to	o Oklahoma Tax Com	miss	sion, P.O. Box 26800, O	klahoma City	OK 73126-0800	

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

Name(s) shown on Form 511NR: Your Social Security Number:

### Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

# Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

		Federal Amount		Oklahoma Amount
1	Wages, salaries, tips, etc	.00	1	.00
2	Taxable interest income	.00	2	.00
3	Dividend income	.00	3	.00
4	Taxable IRA distribution	.00	4	.00
5	Taxable pensions and annuities	.00	5	.00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)	.00	6	.00
7	Capital gains or losses (Federal Schedule D)	.00	7	.00
8	Taxable refunds (state income tax)	.00	8	.00
9	Alimony received	.00	9	.00
10	Business income or (loss) (Federal Schedule C)	.00	10	.00
11	Other gains or losses (Federal Form 4797)	.00	11	.00
12	Rental real estate, royalties, partnerships, etc	.00	12	.00
13	Farm income or (loss)	.00	13	.00
14	Unemployment compensation	.00	14	.00
15	Other income (identify:)	.00	15	.00
16	Add lines 1 through 15	.00	16	.00
17	Total Federal adjustments to income (identify:)	.00	17	.00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1		.18	.00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2	.00	19	

## Schedule 511NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

		Federal Amount		Oklahoma Amount
1	State and municipal bond interest	.00	1	.00
2	Lump sum distributions (not included in your Federal AGI)	.00	2	.00
3	Federal net operating loss	.00	3	.00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion	.00	4	.00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	.00	5	.00
6	Oklahoma loss distributed by an electing PTE	.00	6	.00
7	Miscellaneous: Other additions			
	(enter number in box for the type of addition ))	.00	7	.00
8	<b>Total additions</b> (add lines 1-7, enter total here and on line 3 of Form 511NR)	.00	8	.00

#### 2019 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4

NOTE: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.

Name(s) shown on Form 511NR:

Your Social Security Number:

# Schedule 511NR-B: Oklahoma Subtractions See instructions for details on qualifications and required documents.

		Federal Amount	,	Oklahoma Amount
1	Interest on U.S. government obligations	.00	1	.00
2	Taxable Social Security (from Schedule 511NR-1, line 6)	.00	2	.00
3	Federal civil service retirement in lieu of social security	.00	3	.00
	- Retirement Taxpayer Number Spouse Number Claim Number:			
4	Military Retirement (see instructions for limitation)	.00	4	.00
5	Oklahoma government or Federal civil service retirement	.00	5	.00
6	Other retirement income	.00	6	.00
7	U.S. Railroad Retirement Board Benefits	.00	7	.00
8	Additional depletion	.00	8	.00
9	Oklahoma net operating loss (Loss Year[s] ) (Provide Schedules)	.00	9	.00
10	Exempt tribal income (see instructions for qualifications)	.00	10	.00
11	Gains from the sale of exempt government obligations	.00	11	.00
12	Nonresident military wages (provide W-2)	.00	12	
13	Oklahoma Capital Gain Deduction (Provide Form 561NR)	.00	13	.00
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	.00	14	.00
15	Oklahoma income distributed by an electing PTE	.00		.00
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction )	.00	16	.00
17	Total subtractions (add lines 1-16, enter total here and on line 5 of Form 511NR)	.00	17	.00

# Schedule 511NR-C: Oklahoma Adjustments See instructions for details on qualifications and required documents.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	.00
2	Qualifying disability deduction (residents and part-year residents only)	.00
3	Qualified adoption expense	.00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) 4	.00
5	Deductions for providing foster care	.00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction ) 6	.00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511NR)	.00

Name(s) shown

on Form 511NB

Your Social Security Number: Barcode Placeholder

### Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 171	.00	
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)2	.00	
3	Line 1 minus line 2	3	.00
4	Medical and Dental expenses from Federal Sch. A, line 44	.00	
5	Gifts to Charity from Federal Sch. A, line 145	.00	
6	Line 3 minus lines 4 and 5	6	.00
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	o line 11.	
8	Maximum amount allowed for itemized deductions. (exception, lines 9 & 1	10)8	17,000 .00
9	Medical and Dental expenses from Federal Sch. A, line 4	9	.00
10	Gifts to Charity from Federal Sch. A, line 14	10	.00
11	Oklahoma 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		.00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

### Schedule 511NR-E: Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is 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 Federal return, <u>OR</u>
- 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.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child <u>care</u> credit1	.00	
2	Multiply line 1 by 20%2	.00	
3	Enter your Federal child <u>tax</u> credit (total of child tax credit & additional child tax credit)	.00	
4	Multiply line 3 by 5%4	.00	
5	Enter the larger of line 2 or line 4	5	.00
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR		
	Enter the percentage from the above calculation here (do not enter more than 100%)	6	%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511NR	7	.00

#### Barcode Placeholder

#### 2019 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6

NOTE: Provide this page ONLY if you have an amount shown on a schedule or are filing an amended return.

Schodulo 511NP-E: Earned Income Credit	See instru	uctions for details on qualifications
Name(s) shown on Form 511NR:		Your Social Security Number:

### Schedule 511NR-F: Earned Income Credit See instructions for detai and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.

1	1 Federal earned income credit	1	.00
2	2 Multiply line 1 by 5%	2	.00
3	Divide the amount on line 6 of Form 511NR by the amount on line 2 of Form 511NR		
	Enter the percentage from the above calculation here (do not enter more than 100%)	3	%
4	4 Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 21 of Form 511NR)	4	.00
			.00

### Schedule 511NR-G: Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-G Information on page 25 of the 511NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511NR-G Information lists the mailing address to mail your donation to the organization. If you are not receiving a refund and wish to donate to Support the Oklahoma General Revenue Fund or Public School Classroom Fund, see line 41a or 41b of Form 511NR.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511NR, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at line 37 of Form 511NR.

2	Indigent Veteran Burial Program Support the Oklahoma General Revenue Fund	\$2 \$2	\$5 \$5	\$	2	.00 .00	
4	Oklahoma Emergency Responders Assistance Program	\$2	\$5	\$	4	.00	
5	Support of Folds of Honor Scholarship Program	\$2	\$5	\$	5	.00	
6	Support Wildlife Diversity Fund	\$2	\$5	\$	6	.00	
7	Support of Programs for Regional Food Banks in Oklahoma	\$2	\$5	\$	7	.00	
8	Public School Classroom Support Fund	\$2	\$5	\$	8	.00	
9	Oklahoma Pet Overpopulation Fund	\$2	\$5	\$	9	.00	
10	Support the Oklahoma AIDS Care Fund	\$2	\$5	\$	10	.00	
11	11 Total donations (add lines 1-10, enter total here and on line 37 of Form 511NR)11						
11       Total donations (add lines 1-10, enter total here and on line 37 of Form 511NR)							

#### Did you file an amended Federal return?

No

Yes

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.