

State of Oklahoma Supplemental Schedule for Form 514, Part 5

FORM **514-SUP** 2019

NOTE: Place Form(s) 514-SUP immediately after Form 514, page 4. Make note of the number of Forms 514-SUP that are included in the partnership return (e.g. If there are five Forms 514-SUP, the second Form 514-SUP would have 2 of 5 shown in the Page section below.)

| | | |
|----------------------------------|-------------------|-------------------------------------|
| Name of Partnership _____ | FEIN _____ | Page _____ _____ of _____ |
|----------------------------------|-------------------|-------------------------------------|

| | | Partner _____ | Partner _____ | Partner _____ |
|----|--|-------------------|---------------|---------------|
| 1 | Name and address of each partner | Name: | | |
| | | Address: | | |
| | | City, State, ZIP: | | |
| 2 | SSN or FEIN | | | |
| 3 | Percentage of Partnership Owned | | | |
| 4 | Distributable Federal Income | | | |
| 5 | Distributable Oklahoma Income (see instructions) | | | |
| 6 | Guaranteed Payments (Federal) | | | |
| 7 | Guaranteed Payments (Oklahoma) | | | |
| 8 | Oil and Gas Depletion (Federal) | | | |
| 9 | Oil and Gas Depletion (Oklahoma) | | | |
| 10 | Amount of Credit | | | |
| 11 | Type of Credit | | | |
| 12 | Amount of Withholding | | | |
| 13 | Type of Withholding | | | |

Nonresident Partner (If the electing PTE box is checked on Form 514 page 1, leave line 14 blank)

| | | | | |
|----|---|--|--|--|
| 14 | Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|---|--|--|--|