

Test Scenario 1 uses the Federal Form 1120 Test Scenario 1. Dated 09/18/2020

Corrections to Balance Sheet -

Line Reference	Correct Amount	Incorrect Amount
Form 1120, Schedule L, Line 10a, Column C	364,364,576	364,364,756

Modifications Required

- Modify the Form 1120, Schedule L. Move the amounts from line 18 to line 20.
- Modify the Form 1120, Schedule D & Form 8949 by adding a Long Term Capital Gain from Sale of Oklahoma rental Real Estate. The rental property is located at 3216 Easy Street in Mytown OK. It was purchased on 1/15/04 for 1 million and sold on 12/15/20 for 2 million. Reduce the short-term gain by the same dollar amount so the capital gain net income reported on Form 1120, line 8 does not change.

Forms Required: 512, 561-C, 500-B (If not attached as a PDF)

Binary Attachments: Forms 504-C, 500-B (if not included in XML)

Misc. Additional Information –

- An election was made to file a combined corporate income and franchise tax return.
- An extension payment of \$1,420,000 was made. Of the \$1,420,000 payment, \$20,000 represents their estimated franchise tax payment and the remainder is for income tax.
- Oklahoma withholding = \$1,000,000. As a nonresident member of a pass-through entity (PTE), Help for All, Inc. received a Form 500-B. The Form 500-B should be part of the e-filed return, either in the XML or as a PDF attachment, to substantiate the withholding claimed on Form 512, line 7.
 - The name of the PTE is Magenta Arts, which is an Oklahoma partnership. The partnership's address is 23 Any Address, Oklahoma City, OK 73195 and its FEIN is 00-0000078. The total amount distributed from Oklahoma sources is \$20,000,000.
- Apply \$80,000 of the overpayment to next year's estimated tax.
- The refund should be by direct deposit into a checking account in an Oklahoma credit union:
 - Routing Number – 303085829
 - Account Number 12345678

Information needed to complete the **Additional Information** section –

- The location of principal accounting records is the same as the address on the return.
- The Internal Revenue Service re-determined the company's 2010 tax liability.
- An Oklahoma amended return was filed for 2010.
- The 2005 statute of limitations was extended by consent.
- The business name is the same as on the tax return.
- The principal location in Oklahoma is 34 N Broadway, Edmond OK 73034.
- The date business began in Oklahoma was 5/30/1983.

Information needed to complete **Part 2** –

- Calculate the Interest Expense Allocation. (See the Additional Schedule 1 below.)
- Of the total \$375,018,745 partnership income, \$115,856,625 is allocated to Oklahoma.
- Gross rental income of \$265,386 is reduced by the following expenses: property tax of \$12,173 and depreciation of \$5,000. This is Oklahoma rental property.
- The capital gain of \$11,802,202 is from the sale of stock and from the sale of Oklahoma rental property (See Modifications Required above for detail.)

Information needed to complete the **Apportionment Formula, Column A** -

- Depreciable property = 122,447,979
- Payroll = 1,526,834
- Sales shipped to Oklahoma from outside Oklahoma = 244,650

Information needed to complete the **Franchise Tax Worksheet**

- Account Number is FRX-12548761-04
- The option that will be used to determine the apportionment of Oklahoma assets is Option 1.

Information needed to complete **Schedule A: Officer Information** -

President: Roy D Clarke (SSN 400-66-5544)
 Address: 632 Riverside Dr.
 Anytown, MD 20901
 Phone: 800-214-3263

Vice President: Buck C. Owens (SSN 366-21-4186)
 Address: 555 Apple Way
 Anytown, MD 20901
 Phone: 800-223-4186

Secretary-Treasurer: Edward F. White (SSN 394-86-4113)
 Address: 4263 Maple Dr.
 Anytown, MD 20901
 Phone: 800-279-3724

Information needed to complete **Schedule B: General Information** –

- The Oklahoma registered agent: Vera M. Moss
 924 N Hudson
 Oklahoma City, OK 73105
- The amount of authorized capital stock or Shares:
 - 25,000 shares of common stock with a par/book value of \$1,000 per share.
 - 61,700 shares of first preferred stock with a par/book value of \$5,000 per share.
- The total capital stock or shares issued and outstanding at the end of the year
 - 17,514 shares of common stock with a par/book value of \$1,000 per share.
 - 61,700 shares of first preferred stock with a par/book value of \$5,000 per share.

Information needed to complete **Schedule D: Details of Current Debt Shown on Balance Sheet** –

Name of Lender	Original Date of Issuance	Maturity Date	Original Amount of Instrument	Balance remaining of amounts payable within 3 years of Date of Issuance
Bank of America	8/1/19	2/1/21	500,000,000	470,000,000
Midfirst Bank	9/15/18	6/15/21	500,000	253,285

Information needed to complete Column B of the **Schedule E: Balance Sheet**

- Line 9. Building – 120,000,000
- Line 9(a). Less accumulated depreciation – 40,000,000

Additional Schedules: (Information is needed to substantiate allocated items on Part 2. If not included in XML, include Additional Schedules as PDF attachments.)

1. OtherAdditions - Interest Expense Allocation
2. DeductedAllocatedItems - Net Rental Income - Everywhere
3. OKAllocatedItems - See Schedule

AdditionalSchedule 1 for OtherAdditions (Form 512, Part 2, Line 2d)

ScheduleName - Interest Expense Allocation

Investments – Beg of Year	1,170,917,682
Investments – End of Year	1,230,810,633
Average Investment	1,200,864,158
Total Assets – Beg of Year	4,117,170,499
Total Assets – End of Year	3,769,608,959
Average Total Assets	3,943,389,729
Ratio of Investments / Total Assets	30.45%
Interest Expense per Federal Return	2,716,219
Expenses Allocated to Non-Taxable Income	827,089

AdditionalSchedule 2 for DeductedAllocatedItems (Form 512, Part 2, Line 3b)

ScheduleName - Net Rental Income - Everywhere

Gross Rents	265,386
Property Tax	(12,173)
Depreciation	(5,000)
Net Rental Income	248,213

AdditionalSchedule 3 for OKAllocatedItems (Form 512, Part 2, Line 6a)

ScheduleName - See Schedule

Oklahoma Partnership Income	115,856,625
Net Rental Income – Oklahoma	248,213
Oklahoma Capital Gain	1,000,000
TOTAL	117,104,838



State of Oklahoma Corporation Income and Franchise Tax Return

For the year January 1 - December 31, 2020, or other taxable year beginning: 2020 ending:

Name of Corporation
HELP FOR ALL, INC.

Street Address
31 ANY STREET

City ANYTOWN **State or Province** MD **Country** US **ZIP or Foreign Postal Code:** 20901

A. Federal Employer Identification Number 00-0000001

B. Business Code Number 313000

STATE OF INCORP
 Okla Other

EXTENSION
 If you have applied for an extension from the IRS, place an 'X' here and provide a copy.

TYPE OF RETURN FILED
 Separate Consolidated
 Oklahoma or (page 3 of instructions)
 Federal or

Place an 'X' if: (1) Initial return (2) Final return (3) Amended return (See Schedule 512-X on page 10)

Notice: Corporations should NOT complete the franchise tax portion of the return for the following:

- Filing a stand-alone Oklahoma Annual Franchise Tax Return (Form 200).
- Not required to file a franchise return.
- Remitted the maximum amount of franchise tax for the preceding tax year.

Notice: Enter the amount of Oklahoma net operating loss as shown on Part 1, line 29(a) or Part 2, line 6(e)..... Loss year(s): \$ 00

SECTION ONE: INCOME TAX

1	Oklahoma taxable income (as shown on Part 1 or 2, or if consolidated, from Form 512-TI)	1	38,658,838	00
2	Tax: 6% of line 1 (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)	2	2,319,530	00
3	Less: Other Credits Form (total from Form 511CR) (see instructions)	3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4	2,319,530	00
5	2020 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward)	5		00
6	Amount paid with extension request.....	6	1,400,000	00
7	Oklahoma withholding (provide Form 1099, 500-A or other withholding statement) ...	7	1,000,000	00
8	Refundable Credits from Form a) <input type="checkbox"/> 577..... b) <input type="checkbox"/> 578	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9		00
10	Any refunds or overpayment applied (amended return only)	10	()	00
11	Total of lines 5 through 10	11	2,400,000	00
12	Overpayment (line 11 minus line 4)	12	80,470	00

13	Tax Due (line 4 minus line 11)	Income Tax Due	13		00
14	(a) Donation: Support the Oklahoma General Revenue Fund	14a		00	
14	(b) Donation: Public School Classroom Support Fund	14b		00	
15	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>	15		00	
16	For delinquent payment add penalty of 5% \$ plus interest of 1.25% per month \$	16		00	
17	Total tax, penalty and interest (add lines 13 - 16).....	Income Tax Balance Due	17		00



Name shown on Form 512: **HELP FOR ALL, INC.**

FEIN **00-0000001**

SECTION TWO: FRANCHISE TAX



Place an "X" here if filing a combined corporate income and franchise tax return and complete Section Two. Corporations filing a Form 200 will skip Section Two and complete Section Three.

To complete lines 18-25, use the figures from page 6, lines 12-19 or, if consolidated, use Form 512-FT.

18	Tax.....	18	20,000	00
19	Registered Agents Fee.....	19	100	00
20	Interest.....	20		00
21	Penalty.....	21		00
22	Reinstatement Fee.....	22		00
23	Previous Payment.....	23	(20,000)	00
24	Overpayment.....	24		00
	Franchise Tax Overpayment →			
25	Total Due.....	25	100	00
	Franchise Tax Balance →			

SECTION THREE: TOTAL - All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 26. If there is a net overpayment, complete lines 27-31.

Balance Due				
26	Total Balance Due.....	Balance Due →	26	00
Overpayment				
27	Total Overpayment.....	27	80,370	00
28	Amount of line 27 to be credited to 2021 estimated income tax (original return only).....	28	80,000	00

Line 29 provides you the opportunity to make a donation from your tax refund to a variety of Oklahoma organizations. Place the line number of the organization from the line 29 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

29	Donations from your refund.....	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$_____	29	00
30	Total (add lines 28 and 29).....	30	80,000	00
31	Amount of line 27 to be refunded to you (line 27 minus line 30).....	Refund →	31	370 00

Direct Deposit Note:
All refunds must be by direct deposit. See Direct Deposit Information on page 16 of the 512 Packet for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my: checking account savings account

Routing Number: 303085829 Account Number: 12345678

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here:

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and 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. **Make check payable to the Oklahoma Tax Commission**

Corporate Seal	Signature of Officer	Date	Signature of Preparer	Date
	Printed Name of Officer		Printed Name of Preparer	
	ROGER RABBIT		JOHNNY APPLESEED	
	Title	Phone Number	Phone Number	Preparer's PTIN
CHIEF EXECUTIVE OFFICE	703-555-1515	512-555-1212	E100000001	



Name shown on Form 512: HELP FOR ALL, INC.

FEIN 00-0000001

PART 1 Part 1, Column B is for corporations whose income is all within Oklahoma and/or for corporations whose income is partly within and partly without Oklahoma (not unitary). Provide a complete copy of your Federal return.

Important: All applicable lines and schedules must be filled in.

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
Gross Income (lines 1 through 11)			
1	Gross receipts or gross sales <u>684,525</u> (less: returns and allowances).....	684,525	1
2	Less: Cost of goods sold	219,245	2
3	Gross profit (line 1 minus line 2).....	465,280	3
4	Dividends.....		4
5	Interest on obligations of the United States and U.S. Instrumentalities.....	8,018,387	5
6	(a) Other interest		6a
	(b) Municipal interest		6b
7	Gross rents	265,386	7
8	Gross royalties.....		8
9	(a) Net capital gains.....	11,802,202	9a
	(b) Ordinary gain or [loss].....		9b
10	Other income (provide schedule)	375,018,745	10
11	Total income (add lines 3 through 10).....	395,570,000	11
Deductions (lines 12 through 27)			
12	Compensation of officers.....	1,000,000	12
13	Salaries and wages	6,753,221	13
14	Repairs	225,729	14
15	Bad debts		15
16	Rents		16
17	Taxes	7,621,914	17
18	Interest.....	2,716,219	18
19	Charitable contributions.....		19
20	Depreciation	8,961,357	20
21	Depletion (see instructions below).....		21
22	Advertising.....		22
23	Pension, profit-sharing plans, etc.	25,701	23
24	Employee benefit programs.....	5,149	24
25	Oklahoma Capital Gain Deduction (provide Form 561C).....		25
26	Other deductions (provide schedule).....	229,321,851	26
27	Total Deductions (add lines 12 through 26).....	256,631,141	27
Totals (lines 28 through 30)			
28	Taxable income before net operating loss deductions and special deductions.....	138,938,859	28
29	Less: (a) Net operating loss deduction (schedule)		29a
	(b) Special deductions		29b
30	Taxable income (line 28 minus lines 29a & b). Enter Column B on page 1, line 1	138,938,859	30

Note: Indicate method used to allocate expenses to Oklahoma and provide schedule of computations.

Oklahoma Depletion in Lieu of Federal Depletion - Oklahoma depletion on oil and gas may be computed at 22% of gross income derived from each Oklahoma property during the taxable year. Major oil companies, as defined in 52 Oklahoma Statutes Section 288.2, when computing Oklahoma depletion shall be limited to 50% of the net income (computed without the allowance for depletion) from each property. **Depletion schedule by property must be provided with return. Note: General and administrative expense (computed on basis of Oklahoma direct expense to total direct expense) must be deducted before applying the 50% test.**

ADDITIONAL INFORMATION

Location of Principal Accounting Records

31 ANY STREET ANYTOWN MD 20901
 Address City State Zip

Has the Internal Revenue Service redetermined your tax liability for prior years? Yes No What years? 2010
 Did you file amended returns for the years stated above? Yes No N/A
 Has the statute of limitations been extended by consent for any prior years? Yes No What years? 2005
 Business name HELP FOR ALL, INC. Date business began in Oklahoma 05/30/1983

Principal location(s) in Oklahoma 34 N BROADWAY, EDMOND OK 73034
 Give name, address and relationship of all affiliated corporations - provide Federal Form 851



Name shown on Form 512: **HELP FOR ALL, INC.**

FEIN **00-0000001**

PART 2 Part 2 is for computation of Oklahoma taxable income of a unitary enterprise. [Section 2358(A)(5)] Provide a complete copy of your Federal return.

1	Net taxable income from Part 1, Column A, line 30		1 \$	138,938,859
2	Add:			
	(a) Taxes based on income.....2a	\$ 7,000,000		
	(b) Federal net operating loss deduction2b			
	(c) Unallowable deduction (provide schedule).....2c			
	(d) INTEREST EXPENSE ALLOCATION2d	827,089		
	(e)2e			
	(f) Total of lines 2a through 2e		2f \$	7,827,089
3	Deduct all items separately allocated			
	(a) PARTNERSHIP INCOME3a	\$ 375,018,745		
	(b) NET RENTAL INCOME - EVERYWHERE3b	248,213		
	(c) CAPITAL GAIN3c	11,802,202		
	(d)3d			
	(e)3e			
	(f) Total of lines 3a through 3e		3f \$	387,069,160
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income		4 \$	(240,303,212)
5	Oklahoma's portion thereof _____%, from schedule below		5 \$	(75,126,474)
6	Add or deduct items separately allocated to Oklahoma (provide schedule)			
	(a) SEE SCHEDULE6a	\$ 117,104,838		
	(b)6b			
	(c)6c			
	(d) Oklahoma Capital Gain deduction (provide Form 561C).....6d	(1,000,000)		
	(e) Oklahoma net operating loss deduction.....6e	()		
7	Oklahoma net income before tax (add lines 5 and 6)		7 \$	40,978,364
8	Oklahoma accrued tax (see instructions)		8 \$	2,319,526
9	Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1)		9 \$	38,658,838

APPORTIONMENT FORMULA

	Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
1	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).		
	(a) Owned property (at original cost):		
	(i) Inventories1ai	85,223	
	(ii) Depreciable property1aii	122,447,979	
	(iii) Land.....1aiii		
	(iv) Total of section "a"1aiv	122,447,979	
	(b) Rented property (capitalize at 8 times net rental paid)1b		
	(c) Total of sections "a" and "b" above	\$ 122,447,979	1c 35.7617 %
2	(a) Payroll.....2a	1,526,834	
	(b) Less: Officer salaries.....2b		
	(c) Total (subtract officer salaries from payroll)2c	\$ 1,526,834	2c 22.2878 %
3	Sales:		
	(a) Sales delivered or shipped to Oklahoma purchasers:		
	(i) Shipped from outside Oklahoma.....3ai	244,650	
	(ii) Shipped from within Oklahoma3aii		
	(b) Sales shipped from Oklahoma to:		
	(i) The United States Government3bi		
	(ii) Purchasers in a state or country where the corporation is not taxable (e.g. under Public Law 86-272)3bii		
	(c) Total all of sections "a" and "b"3c	\$ 244,650	3c 35.7401 %
4	If revenue, traffic units or miles traveled is used rather than sales, indicate here: _____		
5	Total percent (sum of items 1, 2 and 3).....5		93.7896 %
6	Average percent (1/3 of total percent) (Carry to Part 2, line 5).....6		31.2632 %

2020 Form 512 - Page 5 Corporation Income Tax

Name shown on Form 512: HELP FOR ALL, INC.

FEIN 00-0000001



PART 3 BALANCE SHEETS		BEGINNING OF TAXABLE YEAR		END OF TAXABLE YEAR	
		(A) Amount	(B) Total	(C) Amount	(D) Total
1	Cash.....		940,348,325		375,724,013
2	Trade notes and accounts receivable.....	1,675,642		115,679,010	
	(a) Less allowance for bad debts.....2a	2,000	1,673,642	2,083	115,676,927
3	Inventories.....		75,770		94,676
4	Government obligations:				
	(a) U.S. and instrumentalities.....4a				
	(b) State, subdivision, thereof, etc.....4b				
5	Other current assets (provide schedule).....		6,272,210		5,201,156
6	Loans to shareholders.....				
7	Mortgage and real estate loans.....				
8	Other investments (provide schedule).....		1,170,917,682		1,230,810,633
9	Buildings and other fixed depreciable assets.....	320,264,517		364,364,576	
	(a) Less accumulated depreciation.....9a	115,865,855	204,398,662	138,886,967	225,477,609
10	Depletable assets.....				
	(a) Less accumulated depletion.....10a				
11	Land (net of any amortization).....				
12	Intangible assets (amortization only).....	2,050,521,992		2,078,314,078	
	(a) Less accumulated amortization.....12a	257,037,784	1,793,484,20	261,690,133	1,816,623,945
13	Other assets (provide schedule).....				
14	Total assets.....		4,117,170,499		3,769,608,959
15	Accounts payable.....		22,075,720		38,596,725
16	Mtgs-notes-bonds payable in less than 1 yr.....				
17	Other current liabilities (provide schedule).....				
18	Loans from shareholders.....				
19	Mtgs-notes-bonds payable in 1 yr. or more.....		829,763,902		470,253,285
20	Other liabilities (provide schedule).....		962,818,384		1,173,826,771
21	Capital stock: (a) preferred stock.....21a	308,500,000		308,500,000	
	(b) common stock.....21b	17,680,774	326,180,774	17,513,891	326,013,891
22	Paid-in capital surplus (provide reconciliation).....		675,611,707		675,611,707
23	Retained earnings-appropriated (provide sch.).....				
24	Retained earnings-unappropriated.....		1,300,720,012		1,085,306,580
25	Adjustments to shareholders' equity (provide sch.).....				
26	Less cost of treasury stock.....		()		()
27	Total liabilities and shareholders' equity.....		4,117,170,499		3,769,608,959

SCHEDULE OK M-1: RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN

1	Net income (loss) per books.....	1		7	Income recorded on books this year not included in this return (provide schedule)	
2	Federal income tax.....	2			(a) Tax exempt interest \$.....	
3	Excess of capital losses over capital gains.....	3			(b) Other \$.....	
4	Taxable income not recorded on books this year (provide schedule).....	4			(c) Total of lines 7a and 7b.....7c	
5	Expenses recorded on books this year not deducted in this return (provide schedule)			8	Deductions in this tax return not charged against book income this year (provide schedule)	
	(a) Depreciation \$.....				(a) Depreciation \$.....	
	(b) Depletion \$.....				(b) Depletion \$.....	
	(c) Other.....				(c) Other.....	
	(d) Total of lines 5a, 5b and 5c.....5d				(d) Total of lines 8a, 8b and 8c.....8d	
6	Total of lines 1 through 4 and 5d.....	6		9	Total of lines 7c and 8d.....	9
				10	Net income: line 6 less line 9.....	10

SCHEDULE OK M-2: ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (LINE 24 ABOVE)

1	Balance at beginning of year.....	1	1,300,720,012	5	Distributions: (a) Cash.....5a	1,204,763,902
2	Net income (loss) per books.....	2	67,250,945		(b) Stock.....5b	
3	Other increases (provide schedule)				(c) Property.....5c	
	MISC OTHER INCREASES.....			6	Other decreases (provide schedule)	
	3	1,804,817,786		OTHER DECREASES.....6	882,718,261
4	Total of lines 1, 2 and 3.....	4	3,172,788,743	7	Total of lines 5 and 6.....	2,087,482,163
				8	Balance at end of year (line 4 less line 7).....	1,085,306,580



Franchise Tax Worksheet

A. Taxpayer FEIN 00-0000001	B. Account Number FRX-12548761-04
-Office Use Only-	

C. Mailing Address Change

C. New Mailing Address

City, State or Province, Country and Postal Code

Name
HELP FOR ALL, INC.

Address
31 ANY STREET

City, State or Province, Country and Postal Code
ANYTOWN, MD 20901

D. Balance Sheet Date (MM/DD/YY)
12/31/20

	Dollars	Cents
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B) 1	80,000,000	.00
2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0" 2	3,769,608,959	.00
3. Total current liabilities (Franchise Tax Balance Sheet: Line 23) If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11 3	508,850,010	.00
4. Capital employed in Oklahoma (line 1 minus line 3) Round to next highest \$1,000. If line 4 is completed, skip to line 12 4		.00
5. Total gross business done by corporation in Oklahoma (Franchise Tax Balance Sheet: Line 34) 5	244,650	.00
6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5) 6	80,244,650	.00
7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33) 7	684,525	.00
8. Total value of assets and business done (Total of lines 2 and 7) 8	3,770,293,484	.00
9. Percentage of Oklahoma assets (See instructions) Check appropriate Box: <input checked="" type="checkbox"/> Option1 <input type="checkbox"/> Option 2 9	2.1283	%
10. Value of capital subject to apportionment (Line 2 minus line 3) 10	3,260,758,949	.00
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000 11	69,399,000	.00

	Dollars	Cents
12. Tax (See instructions) (If less than \$250, enter 0) 12 =	20,000.	.00
13. Registered agents fee (\$100.00 - See instructions) 13 +	100	.00
14. Interest 14 +		
15. Penalty 15 +		
16. Reinstatement fee (\$150.00 - See instructions) 16 +		.00
17. Previous payment 17 -	20,000.	.00
18. Overpayment 18 =		
19. Total Due 19 =	100.	.00

- 12. Tax (See instructions) (If less than \$250, enter 0) 12 =
- 13. Registered agents fee (\$100.00 - See instructions) 13 +
- 14. Interest 14 +
- 15. Penalty 15 +
- 16. Reinstatement fee (\$150.00 - See instructions) 16 +
- 17. Previous payment 17 -
- 18. Overpayment 18 =
- 19. **Total Due** 19 =



Franchise Tax Schedule A: Current Officer Information

NOTE: Inclusion of Officers Is Mandatory.

Taxpayer Name HELP FOR ALL, INC.	FEIN 00-0000001	Account Number FRX-12548761-04
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Corporate officers effective as of 12/31/20 **are as follows:**

(Date)

Schedule A: Current Officer Information

The officers listed below should be those whose term was in effect as of the close of the income tax year. Be sure to include names, addresses, and **social security numbers**.

1. Name (First, MI, Last) ROY D. CLARKE	Social Security Number 400-66-55
Home Address (street and number) 632 RIVERSIDE DR.	Daytime Phone (area code and number) 800-214-3263
City, State or Province, Country and Postal Code ANYTOWN, MD 20901	Title PRESIDENT
2. Name (First, MI, Last) BUCK C. OWENS	Social Security Number 366-21-4186
Home Address (street and number) 555 APPLE WAY	Daytime Phone (area code and number) 800-223-4186
City, State or Province, Country and Postal Code ANYTOWN, MD 20901	Title VICE-PRESIDENT
3. Name (First, MI, Last) EDWARD F. WHITE	Social Security Number 394-86-4113
Home Address (street and number) 4263 MAPLE DR.	Daytime Phone (area code and number) 800-279-3724
City, State or Province, Country and Postal Code ANYTOWN, MD 20901	Title SECRETARY-TREASURER
4. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title

Please include social security numbers of officers.

710:1-3-6. Use of Federal Employer Identification Numbers and other identification numbers mandatory

All returns, applications, and forms required to be filed with the Oklahoma Tax Commission in the administration of this State's tax laws shall bear the **Federal Employer's Identification Number(s)**, the **Taxpayer Identification Number**, and/or other government issued identification number of the person, firm, or corporation filing the item and of all persons required by law or agency rule to be named or listed.

[Source: Amended at 32 Ok Reg 1330, eff 8-27-15]

710:1-3-8. Confidentiality of records

All Federal Employer's Identification and/or Social Security Account Numbers are deemed to be included in the confidential records of the OTC.

Franchise Tax Schedules B, C and D



Taxpayer Name HELP FOR ALL, INC.	FEIN 00-0000001
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This page contains Schedules B, C, and D for the completion of the Oklahoma Annual Franchise Tax Return. Provide additional pages if further space is needed on Schedules C and D.

Schedule B General Information (to be completed in detail)

If the business is not a "corporation," list the type of business structure, the date of formation, and county in which filed.

Name and address of Oklahoma "registered agent" _____
 VERA M. MOSS, 924 N. HUDSON, OKLAHOMA CITY, OK 73105

Name of parent company if applicable: _____ FEIN: _____

Percent of outstanding stock owned by the parent company, if applicable: _____ %

In detail, please list the nature of business: TEXTILE

Amount of authorized capital stock or shares:

(a) Common: <u>25,000</u> shares, par/book value of each share	\$	<u>1,000</u>	\$	<u>25,000,000</u>
(b) First preferred: <u>61,700</u> shares, par/book value of each share	\$	<u>5,000</u>	\$	<u>308,500,000</u>
Total capital stock or shares issued and outstanding at the end of fiscal year:				
(a) Common: <u>17,514</u> shares, par/book value of each share	\$	<u>1,000</u>	\$	<u>17,514,000</u>
(b) First preferred: <u>61,700</u> shares, par/book value of each share	\$	<u>5,000</u>	\$	<u>308,500,000</u>

Schedule C Related Companies: Subsidiaries and Affiliates

Subsidiaries (Companies in which you own 15 percent or more of the outstanding stock)

Name of Subsidiary	FEIN	Percentage Owned (%)	Financial Investment (\$)

Affiliates (Companies related other than by direct stock ownership)

Name of Affiliate	FEIN	How related?

Schedule D Details of Current Debt Shown on Balance Sheet

Name of Lender	Original Date of Issuance	Maturity Date	Original Amount of Instrument	Balance Remaining of Amounts Payable Within 3 Years of Date of Issuance
BANK OF AMERICA	08/01/19	02/01/21	500,000,000	470,000,000
MIDFIRST BANK	09/15/19	06/15/21	500,000	253,285

Franchise Tax Balance Sheet



Schedule E

Taxpayer Name HELP FOR ALL, INC.	FEIN 00-0000001	As of the Last Income Tax Year Ended: (MM/DD/YY) 12/31/20
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

	Column A	Column B	Liabilities and Stockholders' Equity	Column C
Assets	Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.	Total in Oklahoma as per Books of Account.		Total Everywhere as per Books of Account.
1. Cash	375,724,013		19. Accounts payable	38,596,725
2. Notes and accounts receivable	115,676,927		20. Accrued payables	
3. Inventories	94,676		21. Indebtedness payable three years or less after issuance (see schedule D)	470,253,285
4. Government obligations and other bonds			22. Other current liabilities	
5. Other current assets (please provide schedule)	5,201,156		23. Total current liabilities	508,850,010
6. Total current assets (add lines 1A-5A and 1B-5B)	496,696,772		(Lines: 19-22)	
7. Mortgage and real estate loans			24. Inter-company payables	
8. Other investments (please provide schedule)	1,230,810,633		(a) To parent company	
9. (a) Building	364,364,576	120,000,000	(b) To subsidiary company	
(b) Less accumulated depreciation	138,886,967	40,000,000	(c) To affiliated company	
10. (a) Fixed depreciable assets			25. Indebtedness maturing and payable in more than three years from the date of issu- ance	
(b) Less accumulated depreciation			26. Loans from stockholders not payable within three years	
11. (a) Depletable assets			27. Other liabilities	1,173,826,771
(b) Less accumulated depletion			28. Capital stock	
12. Land			(a) Preferred stock	308,500,000
13. (a) Intangible assets	2,078,314,078		(b) Common stock	17,513,891
(b) Less accumulated amortization	261,690,133		29. Paid-in or capital surplus (provide reconciliation)	675,611,707
14. Other assets			30. Retained earnings	1,085,306,580
15. Net assets	3,769,608,959	80,000,000	31. Other capital accounts	
(Lines: 6-14)			32. Total liabilities and stockholders' equity	3,769,608,959
16. Inter-company receivables:			(Lines 23-31)	
(a) From parent company			33. Total gross business done everywhere (sales and service)	684,525
(b) From subsidiary company			(from income tax return)	
(c) From affiliated company			34. Total gross business done in Oklahoma (sales and service)	244,650
17. Bank holding company stock in subsidiary bank			(from income tax return)	
18. Total assets	3,769,608,959	80,000,000		
(Lines: 15-17)				



Name shown on Form 512: HELP FOR ALL, INC.

Federal Employer Identification Number: 00-0000001

Schedule 512-X: Amended Return Schedule

A Did you file an amended Federal income tax return? Yes No

Provide a copy of IRS Form 1120X or 1139 and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B If this return is being filed due to a federal audit, furnish a complete copy of the RAR.

C Explanation or reason for amended return (Provide all necessary schedules):

Multiple horizontal lines for providing an explanation or reason for the amended return.

Instructions for filing an Amended Return

Beginning with tax year 2013, use Form 512 to file an amended return. Do not use Form 512X. Form 512X will be used to file an amended return for tax year 2012 and prior.

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 9. Enter any refund previously received or overpayment applied on line 10. Complete the Amended Return Schedule, Schedule 512-X above.

Provide Form 1120X or 1139 and proof of disposition by the IRS when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.

State of Oklahoma
**Oklahoma Capital Gain Deduction
 for Corporations Filing Form 512**
 (Qualifying Assets Held for the Applicable 3 or 5 Year Period)



FORM **561C** 2020

Name as Shown on Return HELP FOR ALL, INC	Federal Employer Identification Number 00-0000001
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1. List qualifying Oklahoma capital gains and losses, not included on lines 2 through 4 below.

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	F. Gain or (loss) Allocated/ Apportioned to Oklahoma
RENTAL PROPERTY					
A2. Oklahoma Location/Address or Federal ID Number: 3216 EASY STREET, MYTOWN OK					
A3. Type of property sold: (see instructions) <input type="text" value="3"/>	01/15/04	12/15/20	2,000,000	1,000,000	1,000,000

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	F. Gain or (loss) Allocated/ Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions) <input type="text"/>					

A1. Description of Property:	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	F. Gain or (loss) Allocated/ Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions) <input type="text"/>					

2. Qualifying Oklahoma net capital gain from sale of business property reported on Federal Schedule D, line 11. (Provide Federal Form 4797) Type of property sold (See instructions) <input type="text"/>	2	
3. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 12. (Provide Federal Form 6252) Type of property sold (See instructions) <input type="text"/>	3	
4. Qualifying Oklahoma net capital gain or (loss) from like-kind exchanges reported on Federal Schedule D, line 13. (Provide Federal Form 8824) Type of property sold (See instructions) <input type="text"/>	4	
5. Add amounts in column F on line 1 and lines 2 through 4	5	1,000,000
6. Qualifying Oklahoma capital loss carryover reported on Federal Schedule D, line 6 (See instructions)	6	
7. Qualifying Oklahoma net capital gain. Subtract line 6 from line 5. (If zero or less, enter "0")	7	1,000,000
8. Net capital gain apportioned and/or allocated to Oklahoma	8	1,000,000
9. Oklahoma Capital Gain Deduction. Enter the smaller of lines 7 or 8 here and on Form 512, Part 1, column B, line 25 or on Part 2, line 6d. (Do not enter less than zero)	9	1,000,000

State of Oklahoma
Information Return
Report of Nonresident Member Income Tax Withheld



FORM **500-B**

Revised 2020

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/31/20

Part A: Pass-Through Entity Information		
Name of Pass-Through Entity: MAGENTA ARTS		
Type of Ownership: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Federal Identification Number: 00-0000078		
Street Address: 23 ANY ADDRESS		
City	State	ZIP
OKLAHOMA CITY	OK	73195

Part B: Nonresident Member Information		
Name: HELP FOR ALL, INC.		
Type of Taxpayer: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Social Security Number or Federal Identification Number of Member: 00-0000001		
Street Address: 31 ANY STREET		
City	State	ZIP
ANYTOWN	MD	20901

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources: \$20,000,000	Oklahoma Income Tax Withheld: \$1,000,000

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

State of Oklahoma
Information Return
Report of Nonresident Member Income Tax Withheld



FORM **500-B**

Revised 2020

Tax Year End Date of Partnership, S Corporation, LLC or Trust _____

Part A: Pass-Through Entity Information		
Name of Pass-Through Entity:		
Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Federal Identification Number:		
Street Address:		
City	State	ZIP

Part B: Nonresident Member Information		
Name:		
Type of Taxpayer: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Social Security Number or Federal Identification Number of Member:		
Street Address:		
City	State	ZIP

Part C: Distribution and Withholding	
Total Amounts Distributed from Oklahoma Sources:	Oklahoma Income Tax Withheld:

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.