

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

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, 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 \$151,500 was made. Of the \$151,500 payment, \$1,500 represents their estimated franchise tax payment and the remainder is for income tax.
- Oklahoma withholding = \$100,000. 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 \$2,000,000.
- Apply \$9,000 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 \$45,018,745 partnership income, \$15,856,625 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 \$30,486,445 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 = 24,362,071
- Payroll = 635,320
- 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 2.

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.
 - 1,700 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.
 - 1,700 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 | 2,700,000 | 2,000,000 |
| Midfirst Bank | 9/15/20 | 6/15/22 | 500,000 | 253,285 |

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

- Line 9. Building – 13,634,500

Form 512 Alternate Test Scenario 1

Help for Some, Inc.

00-0000011

- Line 9(a). Less accumulated depreciation – 12,000,000

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 | 917,682 |
| Investments – End of Year | 810,633 |
| Average Investment | 864,158 |
| Total Assets – Beg of Year | 87,608,959 |
| Total Assets – End of Year | 87,608,959 |
| Average Total Assets | 87,608,959 |
| Ratio of Investments / Total Assets | .99% |
| Interest Expense per Federal Return | 716,219 |
| Expenses Allocated to Non-Taxable Income | 7,091 |

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 | 15,856,625 |
| Net Rental Income – Oklahoma | 248,213 |
| Oklahoma Capital Gain | 1,000,000 |
| TOTAL | 17,104,838 |



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 SOME, INC.

Street Address
33 ANY STREET

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

A. Federal Employer Identification Number 00-0000011

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 | 4,012,977 | 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 | 240,779 | 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 | 240,779 | 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 | 150,000 | 00 |
| 7 | Oklahoma withholding (provide Form 1099, 500-A or other withholding statement) ... | 7 | 100,000 | 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 | 250,000 | 00 |
| 12 | Overpayment (line 11 minus line 4) | Overpayment ➔ 12 | 9,221 | 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 |
| | (b) Donation: Public School Classroom Support Fund | 14b | | 00 |
| 15 | Underpayment of estimated tax interest..... Annualized | 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 SOME, INC.**

FEIN **00-0000011**

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 | 1,511 | 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 | (1,500) | 00 |
| 24 | Overpayment..... Franchise Tax Overpayment → | 24 | | 00 |
| 25 | Total Due..... Franchise Tax Balance → | 25 | 111 | 00 |

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 | 9,110 | 00 |
| 28 | Amount of line 27 to be credited to 2021 estimated income tax (original return only)..... | 28 | 9,000 | 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 | 9,000 | 00 |
| 31 | Amount of line 27 to be refunded to you (line 27 minus line 30)..... Refund → | 31 | 110 | 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 APPELSEED | | | |
| | Title | Phone Number | Phone Number | Preparer's PTIN | | | | |
| CHIEF EXECUTIVE OFFICER | 512-555-1515 | 512-555-1212 | | | | | | |

2020 Form 512 - Page 3 Corporation Income Tax



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

FEIN 00-0000011

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 | | 5 |
| 6 | (a) Other interest | 1,018,387 | 6a |
| | (b) Municipal interest | | 6b |
| 7 | Gross rents | 265,386 | 7 |
| 8 | Gross royalties | | 8 |
| 9 | (a) Net capital gains | 30,486,445 | 9a |
| | (b) Ordinary gain or [loss] | | 9b |
| 10 | Other income (provide schedule) | 45,018,745 | 10 |
| 11 | Total income (add lines 3 through 10) | 77,254,243 | 11 |
| Deductions (lines 12 through 27) | | | |
| 12 | Compensation of officers | 19,684,243 | 12 |
| 13 | Salaries and wages | 2,753,221 | 13 |
| 14 | Repairs | 225,729 | 14 |
| 15 | Bad debts | | 15 |
| 16 | Rents | | 16 |
| 17 | Taxes | 7,621,914 | 17 |
| 18 | Interest | 716,219 | 18 |
| 19 | Charitable contributions | | 19 |
| 20 | Depreciation | 1,061,357 | 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) | 8,321,851 | 26 |
| 27 | Total Deductions (add lines 12 through 26) | 40,415,384 | 27 |
| Totals (lines 28 through 30) | | | |
| 28 | Taxable income before net operating loss deductions and special deductions | 36,838,859 | 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 | 36,838,859 | 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

33 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 SOME, 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

2020 Form 512 - Page 4 Corporation Income Tax

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

FEIN 00-0000011



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 \$ | 36,838,859 |
| 2 | Add: | | | |
| | (a) Taxes based on income.....2a | \$ 1,000,000 | | |
| | (b) Federal net operating loss deduction2b | | | |
| | (c) Unallowable deduction (provide schedule).....2c | 7,091 | | |
| | (d)2d | | | |
| | (e)2e | | | |
| | (f) Total of lines 2a through 2e | | 2f \$ | 1,007,091 |
| 3 | Deduct all items separately allocated | | | |
| | (a) PARTNERSHIP INCOME.....3a | \$ 45,018,745 | | |
| | (b) NET RENTAL INCOME - EVERYWHERE.....3b | 248,213 | | |
| | (c) CAPITAL GAIN.....3c | 30,486,445 | | |
| | (d)3d | | | |
| | (e)3e | | | |
| | (f) Total of lines 3a through 3e | | 3f \$ | 75,753,403 |
| | (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 \$ | (37,907,453) |
| 5 | Oklahoma's portion thereof 31.2632 %, from schedule below | | 5 \$ | (11,851,083) |
| 6 | Add or deduct items separately allocated to Oklahoma (provide schedule) | | | |
| | (a) SEE SCHEDULE.....6a | \$ 17,104,838 | | |
| | (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 \$ | 4,253,755 |
| 8 | Oklahoma accrued tax (see instructions) | | 8 \$ | 240,778 |
| 9 | Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1) | | 9 \$ | 4,012,977 |

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) Inventories.....1ai | 85,223 | |
| | (ii) Depreciable property1a ii | 24,362,071 | |
| | (iii) Land.....1a iii | | |
| | (iv) Total of section "a"1a iv | 24,362,071 | |
| | (b) Rented property (capitalize at 8 times net rental paid)1b | | |
| | (c) Total of sections "a" and "b" above..... | \$ 24,362,071 | 1c 35.7617 % |
| 2 | (a) Payroll.....2a | 635,320 | |
| | (b) Less: Officer salaries.....2b | | |
| | (c) Total (subtract officer salaries from payroll)2c | \$ 635,320 | 2c 22.2878 % |
| 3 | Sales: | | |
| | (a) Sales delivered or shipped to Oklahoma purchasers: | | |
| | (i) Shipped from outside Oklahoma.....3a i | 244,650 | |
| | (ii) Shipped from within Oklahoma3a ii | | |
| | (b) Sales shipped from Oklahoma to: | | |
| | (i) The United States Government3b i | | |
| | (ii) Purchasers in a state or country where the corporation is not taxable (e.g. under Public Law 86-272).....3b ii | | |
| | (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 % |



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

FEIN 00-0000011

| PART 3 | BALANCE SHEETS | BEGINNING OF TAXABLE YEAR | | END OF TAXABLE YEAR | |
|--------|--|---------------------------|------------|---------------------|------------|
| | | (A) Amount | (B) Total | (C) Amount | (D) Total |
| 1 | Cash..... | | 348,325 | | 724,013 |
| 2 | Trade notes and accounts receivable..... | 675,642 | | 679,010 | |
| | (a) Less allowance for bad debts.....2a | 2,000 | 673,642 | 2,083 | 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)..... | | 1,272,210 | | 701,156 |
| 6 | Loans to shareholders..... | | | | |
| 7 | Mortgage and real estate loans..... | | | | |
| 8 | Other investments (provide schedule)..... | | 917,682 | | 810,633 |
| 9 | Buildings and other fixed depreciable assets.. | 44,098,662 | | 91,977,609 | |
| | (a) Less accumulated depreciation.....9a | 9,561,540 | 34,537,122 | 15,000,000 | 76,977,609 |
| 10 | Depletable assets..... | | | | |
| | (a) Less accumulated depletion.....10a | | | | |
| 11 | Land (net of any amortization)..... | | | | |
| 12 | Intangible assets (amortization only)..... | 50,521,992 | | 8,314,078 | |
| | (a) Less accumulated amortization.....12a | 737,784 | 49,784,208 | 690,133 | 7,623,945 |
| 13 | Other assets (provide schedule)..... | | | | |
| 14 | Total assets..... | | 87,608,959 | | 87,608,959 |
| 15 | Accounts payable..... | | 27,514,180 | | 20,596,725 |
| 16 | Mtgs-notes-bonds payable in less than 1 yr...16 | | | | |
| 17 | Other current liabilities (provide schedule)....17 | | | | |
| 18 | Loans from shareholders..... | | | | |
| 19 | Mtgs-notes-bonds payable in 1 yr. or more...19 | | 1,763,902 | | 2,253,285 |
| 20 | Other liabilities (provide schedule)..... | | 818,384 | | 826,771 |
| 21 | Capital stock: (a) preferred stock.....21a | 8,500,000 | | 8,500,000 | |
| | (b) common stock.....21b | 17,680,774 | 26,180,774 | 17,513,891 | 26,013,891 |
| 22 | Paid-in capital surplus (provide reconciliation)....22 | | 611,707 | | 611,707 |
| 23 | Retained earnings-appropriated (provide sch.)..23 | | | | |
| 24 | Retained earnings-unappropriated..... | | 30,720,012 | | 37,306,580 |
| 25 | Adjustments to shareholders' equity (provide sch.) 25 | | | | |
| 26 | Less cost of treasury stock..... | | () | | () |
| 27 | Total liabilities and shareholders' equity.....27 | | 87,608,959 | | 87,608,959 |

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 | 30,720,012 | 5 | Distributions: (a) Cash..... | 5a | 763,902 |
| 2 | Net income (loss) per books..... | 2 | 7,250,945 | | (b) Stock..... | 5b | |
| 3 | Other increases (provide schedule) | | | | (c) Property..... | 5c | |
| | MISCELLANEOUS OTHER INCREASES | | | 6 | Other decreases (provide schedule) | | |
| | | 3 | 817,786 | | OTHER DECREASES..... | 6 | 718,261 |
| 4 | Total of lines 1, 2 and 3..... | 4 | 38,788,743 | 7 | Total of lines 5 and 6..... | 7 | 1,482,163 |
| | | | | 8 | Balance at end of year (line 4 less line 7)..... | 8 | 37,306,580 |



Franchise Tax Worksheet

| | |
|--------------------------------|--------------------------------------|
| A. Taxpayer FEIN 00-0000011 | 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 SOME, INC.

Address
33 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) | 1,634,500 | .00 |
| 2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0" | 87,608,959 | .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 | 22,850,010 | .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 | | .00 |
| 5. Total gross business done by corporation in Oklahoma (Franchise Tax Balance Sheet: Line 34) | 244,650 | .00 |
| 6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5) | 1,879,150 | .00 |
| 7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33) | 684,525 | .00 |
| 8. Total value of assets and business done (Total of lines 2 and 7) | 88,293,484 | .00 |
| 9. Percentage of Oklahoma assets (See instructions) Check appropriate Box: <input type="checkbox"/> Option1 <input checked="" type="checkbox"/> Option 2 | 1.8657 | % |
| 10. Value of capital subject to apportionment (Line 2 minus line 3) | 64,758,949 | .00 |
| 11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000 | 1,209,000 | .00 |

| | Dollars | Cents |
|--|---------|-------|
| 12. Tax (See instructions) (If less than \$250, enter 0) | 1,511. | 25 |
| 13. Registered agents fee (\$100.00 - See instructions) | 100 | .00 |
| 14. Interest | | |
| 15. Penalty | | |
| 16. Reinstatement fee (\$150.00 - See instructions) | 1,500 | .00 |
| 17. Previous payment | | |
| 18. Overpayment | | |
| 19. Total Due | 111. | 25 |



Franchise Tax Schedule A: Current Officer Information

NOTE: Inclusion of Officers Is Mandatory.

| | | |
|--------------------------------------|--------------------|-----------------------------------|
| Taxpayer Name HELP FOR SOME, INC. | FEIN 00-0000011 | Account Number FRX-12548761-04 |
|--------------------------------------|--------------------|-----------------------------------|

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 400-66-5544 |
| 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 <p style="text-align: center;">HELP FOR SOME, INC.</p> | FEIN <p style="text-align: center;">00-0000011</p> |
|---|---|

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>1,700</u> shares, par/book value of each share | \$ | <u>5,000</u> | \$ | <u>8,500,000</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>1,700</u> shares, par/book value of each share | \$ | <u>5,000</u> | \$ | <u>8,500,000</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 | 2,700,000 | 2,000,000 |
| MIDFIRST BANK | 09/15/20 | 06/15/22 | 5000,000 | 253,285 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Franchise Tax Balance Sheet



| | | |
|---|---------------------------|---|
| Taxpayer Name HELP FOR SOME, INC. | FEIN 00-0000011 | As of the Last Income Tax Year Ended: (MM/DD/YY) 12/31/20 |
|---|---------------------------|---|

This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

| | Column A <small>Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.</small> | Column B <small>Total in Oklahoma as per Books of Account.</small> | Liabilities and Stockholders' Equity | Column C <small>Total Everywhere as per Books of Account.</small> |
|---|---|--|---|---|
| Assets | | | | |
| 1. Cash | 724,013 | | 19. Accounts payable | 20,596,725 |
| 2. Notes and accounts receivable | 676,927 | | 20. Accrued payables | |
| 3. Inventories | 94,676 | | 21. Indebtedness payable three years or less after issuance (see schedule D) | 2,253,285 |
| 4. Government obligations and other bonds | | | 22. Other current liabilities | |
| 5. Other current assets (please provide schedule) | 701,156 | | 23. Total current liabilities | 22,850,010 |
| 6. Total current assets (add lines 1A-5A and 1B-5B) | 2,196,772 | | (Lines: 19-22) | |
| 7. Mortgage and real estate loans | | | 24. Inter-company payables (a) To parent company | |
| 8. Other investments (please provide schedule) | 810,633 | 13,634,500 | (b) To subsidiary company | |
| 9. (a) Building | 91,977,609 | 12,000,000 | (c) To affiliated company | |
| (b) Less accumulated depreciation | 15,000,000 | | 25. Indebtedness maturing and payable in more than three years from the date of issu- ance | |
| 10. (a) Fixed depreciable assets | | | 26. Loans from stockholders not payable within three years | |
| (b) Less accumulated depreciation | | | 27. Other liabilities | 826,771 |
| 11. (a) Depletable assets | | | 28. Capital stock (a) Preferred stock | 8,500,000 |
| (b) Less accumulated depletion | | | (b) Common stock | 17,513,891 |
| 12. Land | | | 29. Paid-in or capital surplus (provide reconciliation) | 611,707 |
| 13. (a) Intangible assets | 8,314,078 | | 30. Retained earnings | 37,306,580 |
| (b) Less accumulated amortization | 690,133 | | 31. Other capital accounts | |
| 14. Other assets | | | 32. Total liabilities and stockholders' equity | 87,608,959 |
| 15. Net assets | 87,608,959 | 1,634,500 | (Lines 23-31) | |
| (Lines: 6-14) | | | 33. Total gross business done everywhere (sales and service) | 684,525 |
| 16. Inter-company receivables: (a) From parent company | | | (from income tax return) | |
| (b) From subsidiary company | | | 34. Total gross business done in Oklahoma (sales and service) | 244,650 |
| (c) From affiliated company | | | (from income tax return) | |
| 17. Bank holding company stock in subsidiary bank | | | | |
| 18. Total assets | 87,608,959 | 1,634,500 | | |
| (Lines: 15-17) | | | | |



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

Federal Employer Identification Number: **00-0000011**

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 SOME, INC | Federal Employer Identification Number 00-0000011 |
|---|--|

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 |

Provide Federal Form 1120, Schedule D and Form(s) 8949



ITE Application for Extension of Time to File an Oklahoma Income Tax Return For Corporations, Partnerships and Fiduciaries

FORM **504-C** 2020

(This is NOT an extension of time for payment of tax. Individuals use Form 504-I)
(See Instructions)

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

| | |
|---|--|
| Corporate, Partnership, or Fiduciary Name HELP FOR ALL, INC. | Federal Employer Identification Number: 00-0000001 |
| Mailing address (number and street) 33 ANY STREET | CHECK THE FORM TYPE FOR THE RETURN THIS APPLICATION IS FOR: <input checked="" type="checkbox"/> Form 512 <input type="checkbox"/> Form 513 <input type="checkbox"/> Form 512-E <input type="checkbox"/> Form 512-S <input type="checkbox"/> Form 513NR <input type="checkbox"/> Form 514 |
| City, State and ZIP ANYTOWN, MD 20901 | |

IMPORTANT: Extension is valid only if 90% of the tax liability is paid by the original due date.

An **Extension of Time to File** with the IRS has been granted to: DATE _____

Extension of Time to File with the Okla. Tax Commission is requested to: DATE 12/15/2021

If requesting an extension of time to file beyond the date of the federal extension, state the reason here:

OKLAHOMA INCOME TAX COMPUTATION

| | | | |
|--|---|-----------|----|
| 1. Total income tax liability (you may estimate this amount)..... <i>Note: You must enter an amount on line 1. If you do not expect to owe tax, enter zero.</i> | 1 | 2,400,000 | 00 |
| 2. Oklahoma income tax withheld..... | 2 | 1,000,000 | 00 |
| 3. Estimated tax payments (include prior year overpayment allowed as a credit)..... | 3 | | 00 |
| 4. Other payments and credits you expect to claim on your return..... | 4 | | 00 |
| 5. Add lines 2, 3 and 4..... | 5 | 1,000,000 | 00 |
| 6. Income tax balance due (subtract line 5 from line 1)..... | 6 | 1,400,000 | 00 |
| 7. Amount of income tax you are paying. Important: Extension is valid only if 90% of the income tax liability is paid by the original due date..... ITE | 7 | 1,400,000 | 00 |
| 8. If filing a combined Corporate Income and Franchise Tax return , enter any Estimated Franchise tax you are paying. (Leave blank if filing the stand-alone Franchise Tax return, Form 200.)..... FRX | 8 | 20,000 | 00 |
| 9. Total amount you are paying (add lines 7 and 8)..... | 9 | 1,420,000 | 00 |

SIGNATURE
Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer, Partner, Member or Fiduciary _____ Date _____

Paid Preparer's Signature _____ Date _____

Return with your payment, if applicable, to: Oklahoma Tax Commission • Income Tax • PO Box 26890 • Oklahoma City, OK 73126-0890.

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 OKLAHOMA CITY | State OK | ZIP 73195 |

| Part B: Nonresident Member Information | | |
|--|-------------|--------------|
| Name: HELP FOR SOME, 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: 00-0000011 | | |
| Street Address: 31 ANY STREET | | |
| City ANYTOWN | State MD | ZIP 20901 |

| Part C: Distribution and Withholding | |
|---|--|
| Total Amounts Distributed from Oklahoma Sources: \$2,000,000 | Oklahoma Income Tax Withheld: \$100,000 |

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.