

Form 512-S Test Scenario 2

WorkNAIIDay, Inc.

00-0000007

Test Scenario 2 uses the Federal Form 1120S Test Scenario 6 (Dated 09/25/2020)

Deviations from Test Package Federal form 1120S:

- 1120S, page 1 - Change the corporation's State to OK and the ZIP to 73025.
- 1120S – Schedule K, Line 10 – Other Income to be changed to \$0.
- 1120S – Schedule K, Line 8a to be changed to \$10,000.
- 1120S - Schedule D & Form 8949 to be changed to include a long term capital gain of \$10,000 on the sale of stock in an Oklahoma Company. The stock in 'Oklahoma Company' was acquired on 04/01/05 for \$20,000 and sold on 07/15/20 for \$30,000. Oklahoma Company's FEIN is 11-0000914.

**Forms Required:** 512-S, 561S

**Binary Attachments:** Signed Form 512-SA for Bin Exempt. (Scanned form must contain a handwritten signature.)

**Misc. Additional Information –**

- A stand-alone Oklahoma Annual Franchise Tax Return (Form 200) will be filed.
- The area code for the corporation's phone number is 405.
- Incorporated under the laws of – Oklahoma.
- County in which located - Oklahoma
- Estimated tax payments of \$1,500 were made in four equal installments.
- Apply \$50 of the overpayment to next year's estimated tax.
- The refund should be by direct deposit to a checking account in an Oklahoma credit union:
  - Routing Number – 303085418
  - Account Number – 10023456
- Check the box to allow the Oklahoma Tax Commission to speak to the paid preparer.
- The income for WorkNAIIDay, Inc. is all within Oklahoma.
- The interest income is reported as 'other interest income' in Part 3.
- Carrie Ortiz acquired ownership in the S Corporation on 3/8/1992.

**Information needed to complete Part 6: Additional Information –**

- The location of principal accounting records is the same as the address on the return.
- The Internal Revenue Service has not re-determined the company's tax liability for any prior year.
- The statute of limitations was not extended by consent for any prior year.
- The business name is the same as on the tax return.
- The principal location in Oklahoma is the same as on the tax return.
- The date business began in Oklahoma was 3/8/1992.

# Oklahoma Small Business Corporation Income and Franchise Tax Return

Form 512-S  
2020



This form is due 30 days after the due date of the Federal Return

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

Corporate name WORKNALLDAY, INC.		<b>Extension</b> - If you have applied for an extension from the IRS, place an 'X' here and provide a copy. <input type="checkbox"/>	
Street address 37 ANY STREET		Date of incorporation 03/08/1992	Under the laws of OKLAHOMA
City, State or Province, Country and ZIP or Foreign Postal Code ANYTOWN, OK 73025		County in which located OKLAHOMA	
Federal Employer Identification Number 00-0000007	Business code number 321900	Type of business MANUFACTURING	

Place an 'X' if: (1)  Initial return (2)  Final return (3)  Amended return (See Schedule 512-S-X on page 10) (4)  Electing PTE (Form 586 was filed)

**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 tax return.
- Remitted the maximum amount of franchise tax for the preceeding tax year.

**PART ONE, SECTION ONE: INCOME TAX - Tax Computation Schedule for Nonresident Shareholders Who Do Not File Form 512-SA and Electing Pass-through Entities -or- for a Corporation Claiming the Refundable Credits from Form 577 or 578.**

1a	Nonresident share of income from Page 5, Part 5, line 14.....	1a	9,305	00
1b	Nonresident share of Okla. capital gain deduction (provide Form(s) 561S)..	1b	5,000	00
1c	Nonresident share of deductions (see instructions) .....	1c		00
1	Nonresident share of taxable income (line 1a minus lines 1b and 1c) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561-PTE) is included on Form 587-PTE, Column C, place an "X" in the box.....		1	4,305 00
<b>Complete line 2a -or- lines 2b and 2c</b>				
2a	Nonresident Oklahoma tax (6% of line 1).....	2a	258	00
2b	Electing Pass-Through Entity Tax (Form 587-PTE, Part 1 line 23).....	2b		00
2c	Electing Pass-Through Entity Tax (Form 587-PTE, Part 2 line 23).....	2c		00
2	Nonresident Oklahoma tax (line 2a) -or- Electing Pass-Through Entity Tax (total of lines 2b and 2c) (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 Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box) ...	2	258	00
3	Other Credits Form (see instructions) (provide Form 511CR).....	3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4	258	00
5	2020 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward) .....	5	1,500	00
6	Amount paid with extension request.....	6		00
7	Oklahoma withholding (provide Form 1099, 500-A, 500-B or other withholding statement).....	7		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	1,500	00
12	Overpayment (line 11 minus line 4).....	12	1,242	00
13	Tax Due (line 4 minus line 11) .....	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.....	15		00
16	<b>For delinquent payment</b> add penalty of 5%..... plus	16		00
	interest of 1.25% per month .....	16		00
17	Total tax, penalty and interest (add lines 13-16).....	17		00

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



Name shown on Form 512-S: WORKNALLDAY, INC.

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**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.

18	Tax .....	18	00
19	Registered Agents Fee .....	19	00
20	Interest .....	20	00
21	Penalty .....	21	00
22	Reinstatement Fee .....	22	00
23	Previous Payment .....	23	( ) 00
24	Overpayment ..... Franchise Tax Overpayment →	24	00
25	Total Due ..... Franchise Tax Balance →	25	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 1,242 00  
 28 Amount of line 27 to be credited to 2021 estimated income tax (original return only) ..... 28 50 00

Line 29 provides you the opportunity to make a financial gift from your 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 provide a schedule showing how you would like your donation split.

29 Donations from your refund.....  \$2  \$5  \$ ..... 29 00

30 Total (add lines 28 and 29) ..... 30 50 00

31 Amount of line 27 to be refunded to you (line 27 minus line 30) ..... Refund → 31 1,192 00

**Direct Deposit Note:**

All refunds must be by direct deposit. See Direct Deposit Information on page 18 of the 512-S 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: 303085418

Account Number: 10023456

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

<b>Corporate Seal</b>	Signature of Officer _____ Date _____		Signature of Preparer _____ Date _____	
	Printed Name of Officer KHIRY U FARR		Printed Name of Preparer JOHNNY APPELESEED	
	Title CEO	Phone Number 405-555-1234	Phone Number 512-555-1212	Preparer's PTIN P55555555



Name shown on Form 512-S: WORKNALLDAY, INC.

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**PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS**

Complete Column A. Column B should be completed by S Corporations whose income is all within Oklahoma and/or by those whose income is partly within and partly without Oklahoma (not of a unitary nature). CAUTION: Include only trade or business income and expenses on lines 1a through 21 below.

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	a. Gross receipts or sales .....	\$ 11,468,259	11,468,259 .00
	b. Minus returns and allowances .....		
2	Cost of goods sold and/or operations .....	10,061,879 .00	10,061,879 .00
3	Gross profit (subtract line 2 from line 1) .....	1,406,380 .00	1,406,380 .00
4	Net gain (loss) (Form 4797 Part II, line 17) .....	14,433 .00	14,433 .00
5	Other income (loss) (provide schedule) .....	.00	.00
6	<b>Total income (loss)</b> (add lines 3 through 5) .....	1,420,813 .00	1,420,813 .00
7	Compensation of officers .....	161,698 .00	161,698 .00
8	Salaries and wages .....	196,941 .00	196,941 .00
9	Repairs and maintenance .....	17,760 .00	17,760 .00
10	Bad debts .....	.00	.00
11	Rent .....	160,574 .00	160,574 .00
12	Taxes and licenses .....	36,594 .00	36,594 .00
13	Interest .....	26,103 .00	26,103 .00
14	Depreciation .....	6,726 .00	6,726 .00
15	Depletion (do not deduct oil and gas depletion) .....	.00	.00
16	Advertising .....	8,257 .00	8,257 .00
17	Pension, profit-sharing, etc. plans .....	14,715 .00	14,715 .00
18	Employee benefit programs .....	.00	.00
19	Other deductions (provide schedule) .....	367,327 .00	367,327 .00
20	<b>Total deductions</b> (add lines 7 through 19) .....	996,327 .00	996,695 .00
21	<b>Ordinary Income (Loss) from trade or business:</b> Subtract line 20 from line 6. Enter here and below on Part 3, line 1 .....	424,118 .00	424,118 .00

**PART 3: SHAREHOLDERS' PRO RATA SHARE ITEMS**

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
<b>INCOME (LINES 1 THROUGH 11)</b>			
1	Ordinary income (loss) from trade or business (from above on Part 2, line 21) .....	424,118 .00	424,118 .00
2	Net income (loss) from rental real estate activity(ies) (provide schedule) .....	.00	.00
3	Net income (loss) from other rental activity(ies) (provide schedule) .....	.00	.00
4	Interest income		
	a: Interest on loans, notes, mortgages, bonds, etc. ....	.00	.00
	b: Interest on obligations of a state or political subdivision .....	.00	.00
	c: Interest on obligations of the United States .....	.00	.00
	d: Other interest income .....	71,147 .00	71,147 .00
5	Dividend income .....	.00	.00
6	Royalties .....	.00	.00
7	Net short-term capital gain (loss) (Schedule D, 1120-S) .....	78,649 .00	78,649 .00
8	Net long-term capital gain (loss) (Schedule D, 1120-S) .....	10,000 .00	10,000 .00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft) .....	.00	.00
10	Other (provide schedule) .....	.00	.00
11	<b>Total income</b> (add lines 1 through 10) .....	583,118 .00	583,914 .00
<b>DEDUCTIONS (LINES 12 THROUGH 17)</b>			
12	Section 179 deduction (provide schedule) .....	62,935 .00	62,935 .00
13	Contributions .....	.00	.00
14	Deductions related to portfolio income .....	.00	.00
15	Intangible drilling costs .....	.00	.00
16	Other deductions authorized by law (provide schedule) .....	502,369 .00	502,369 .00
17	<b>Total Deductions</b> (add lines 12 through 16) .....	565,304 .00	565,304 .00
<b>TOTAL (LINE 18)</b>			
18	Net distributable income (line 11 minus line 17) .....	18,610 .00	18,610 .00

If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 7 of packet.



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**PART 4: Computation of Oklahoma Taxable Income of a Unitary Enterprise whose Income is Partly within and Partly without Oklahoma**

1	Net distributable income from Page 3, Part 3, Column A, line 18.....		1
2	Add: (a) Taxes based on income .....	2a	
	(b) Unallowable deduction (provide schedule) .....	2b	
	(c) Other income (provide schedule).....	2c	
	(d) Total of lines 2a through 2c.....		2d
3	Deduct all items separately allocated:		
	(a) Interest on obligations of the United States.....	3a	
	(b) .....	3b	
	(c) .....	3c	
	(d) Total of lines 3a through 3c.....		3d
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)		
4	Net apportionable income (line 1 plus line 2d, minus line 3d) .....		4
5	Oklahoma's portion thereof _____%, from schedule below .....		5
6	Add items separately allocated to Oklahoma:		
	(a) .....	6a	
	(b) .....	6b	
	(c) .....	6c	
	(d) .....	6d	
	(e) Total of lines 6a through 6d .....		6e
7	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 3, Part 3, Column B, line 18) ...		7

**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 values at the beginning and ending of the tax period).		
	(a) Owned property (at original cost):		
	(i) Inventories .....	1ai	
	(ii) Depreciable property.....	1aii	
	(iii) Land .....	1aiii	
	(iv) Total of section "a" .....	1aiv	
	(b) Rented property (capitalize at 8 times net rental paid) ..	1b	
	(c) Total of sections "a" and "b" above.....	\$	1c %
2	(a) Payroll .....	2a	
	(b) Less: Officer's salaries .....	2b	
	(c) Total (subtract officer's salaries from payroll).....	\$	2c %
3	Sales :		
	(a) Sales delivered or shipped to Oklahoma purchasers:		
	(i) Shipped from outside Oklahoma.....	3ai	
	(ii) Shipped from within Oklahoma .....	3aii	
	(b) Sales shipped from Oklahoma to:		
	(i) The United States Government .....	3bi	
	(ii) Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272) ...	3bii	
	(c) Total of sections "a" and "b".....	\$	3c %
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 %
6	Average percent (1/3 of total percent) (Carry to Part 4, line 5 above).....		6 %

**Note: Provide a complete copy of your Federal return.**



Name shown on Form 512-S: WORKNALLDAY, INC.

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**PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME**

Enter the information for each shareholder. If there are more than 3 shareholders, use Form 512-S-SUP to enter the additional shareholders. Use as many Forms 512-S-SUP as needed.

	Shareholder 1	Shareholder 2	Shareholder 3
1 Name and address of each shareholder	Name: CARRIE ORTIZ	BIN XEMPT	
	Address: 55 ANY STREET	51 ANY STREET	
	City, State, ZIP: ANYTOWN, WI 53201	ANYTOWN, WI 53201	
2 SSN or FEIN	000-00-0006	000-00-0008	
3 Ownership Percentage	50%	50%	
4 Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	9,305	9,305	
5 Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)	9,305	9,305	
6 Oil and Gas Depletion (Federal)			
7 Oil and Gas Depletion (Oklahoma)			
8 Amount of Credit			
9 Type of Credit			
10 Amount of Withholding			
11 Type of Withholding			

**NONRESIDENT SHAREHOLDER (IF THE ELECTING PTE BOX IS CHECKED ON PAGE 1, LEAVE LINES 12-14 BLANK AND COMPLETE FORM 587-PTE)**

12 Is a signed Form 512-SA provided? If nonresident agreement (Form 512-SA) is NOT provided, the S Corporation will be taxed on the income reported in line 13.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Nonresident Share of Income to Tax if line 12 is NO (enter the distributable Oklahoma income from line 5)	9,305		

**TOTAL: NONRESIDENT SHARE OF INCOME TO TAX**

14 Add amounts shown in line 13 above for all Shareholders, and if applicable, from Form 512-S-SUP. Enter here and on Page 1, Part 1, line 1a	\$ 9,305
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**\*\*NOTE:** The amount shown in Part 3, Column B, line 18, Oklahoma net distributable income, may not be the amount to be entered on the shareholder's Oklahoma income tax return. This amount includes all allowable shareholder's income, losses, and deductions. Some of these items may be limited on the Federal return. If these items are allowed in full or part on your Federal income tax return, they will be allowed to the same extent on your Oklahoma return.

**Notice:** Forms required to compute withholding and credits must be provided with corporate return. Examples of these include: Form 1099 MISC, Form 500A: Non-resident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

**Note: Provide a complete copy of your Federal Return.**

**PART 6: ADDITIONAL INFORMATION**

**Location of Principal Accounting Records**

37 ANY STREET, ANYTOWN, OK 73025  
 Address City State Zip

Has the Internal Revenue Service redetermined your tax liability for prior years?  Yes  No What years? \_\_\_\_\_

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? \_\_\_\_\_

Business name WORKNALLDAY, INC. Date business began in Oklahoma 03/08/1992

Principal location(s) in Oklahoma 37 ANY STREET, ANYTOWN, OK 73025



# Franchise Tax Worksheet

A. Taxpayer FEIN	B. Account Number
<b>-Office Use Only-</b>	

C. Mailing Address Change

Name
Address
City, State or Province, Country and Postal Code

C. New Mailing Address
City, State or Province, Country and Postal Code

D. Balance Sheet Date (MM/DD/YY)
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	Dollars	Cents
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B) ..... 1		.00
2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0" ..... 2		.00
3. Total current liabilities (Franchise Tax Balance Sheet: Line 23) <b>If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11</b> ..... 3		.00
4. Capital employed in Oklahoma (line 1 minus line 3) <b>Round to next highest \$1,000. If line 4 is completed, skip to line 12</b> ..... 4		.00
5. Total gross business done by corporation in Oklahoma (Franchise Tax Balance Sheet: Line 34) ..... 5		.00
6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5) ..... 6		.00
7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33) ..... 7		.00
8. Total value of assets and business done (Total of lines 2 and 7) ..... 8		.00
9. Percentage of Oklahoma assets (See instructions) Check appropriate Box: <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 ..... 9		%
10. Value of capital subject to apportionment (Line 2 minus line 3) ..... 10		.00
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000 ..... 11		.00

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

1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B) ..... 1
2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A)  
If all assets are in Oklahoma, enter "0" ..... 2
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
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
5. Total gross business done by corporation in Oklahoma  
(Franchise Tax Balance Sheet: Line 34) ..... 5
6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5) ..... 6
7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33) ..... 7
8. Total value of assets and business done (Total of lines 2 and 7) ..... 8
9. Percentage of Oklahoma assets (See instructions)  
Check appropriate Box:  Option 1  Option 2 ..... 9
10. Value of capital subject to apportionment (Line 2 minus line 3) ..... 10
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9)  
Round to the next highest \$1,000 ..... 11
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	FEIN	Account Number
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**Corporate officers effective as of \_\_\_\_\_ 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)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
2. 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
3. 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
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 Commission.







# Franchise Tax Balance Sheet

## Schedule E

Taxpayer Name	FEIN	As of the Last Income Tax Year Ended: (MM/DD/YY)
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

<b>Assets</b>	<b>Column A</b> <small>Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.</small>	<b>Column B</b> <small>Total in Oklahoma as per Books of Account.</small>	<b>Liabilities and Stockholders' Equity</b>	<b>Column C</b> <small>Total Everywhere as per Books of Account.</small>
1. Cash .....			19. Accounts payable .....	
2. Notes and accounts receivable .....			20. Accrued payables .....	
3. Inventories .....			21. Indebtedness payable three years or less after issuance (see schedule D) .....	
4. Government obligations and other bonds .....			22. Other current liabilities .....	
5. Other current assets (please provide schedule) .....			23. <b>Total Current Liabilities</b> .....	
6. <b>Total Current Assets</b> (add lines 1A-5A and 1B-5B) .....			(Lines: 19-22)	
7. Mortgage and real estate loans .....			24. Inter-company payables (a) To parent company .....	
8. Other investments (please provide schedule) .....			(b) To subsidiary company .....	
9. (a) Building .....			(c) To affiliated company .....	
(b) Less accumulated depreciation .....			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 .....	
11. (a) Depletable assets .....			28. Capital Stock (a) Preferred stock .....	
(b) Less accumulated depletion .....			(b) Common Stock .....	
12. Land .....			29. Paid-in or capital surplus (provide reconciliation) .....	
13. (a) Intangible assets .....			30. Retained earnings .....	
(b) Less accumulated amortization .....			31. Other capital accounts .....	
14. Other assets .....			32. <b>Total Liabilities and Stockholders' Equity</b> .....	
15. <b>Net Assets</b> .....			(Lines: 23-31)	
16. Inter-company receivables: (a) From parent company .....			33. <b>Total gross business done everywhere (sales and service)</b> .....	
(b) From subsidiary company .....			(from income tax return)	
(c) From affiliated company .....			34. <b>Total gross business done in Oklahoma (sales and service)</b> .....	
17. Bank holding company stock in subsidiary bank .....			(from income tax return)	
18. <b>TOTAL ASSETS</b> .....				
(Lines: 15-17)				



Name shown on Form 512-S: WORKNALLDAY, INC.

Federal Employer Identification Number: 00-0000007

**Schedule 512-S-X: Amended Return Schedule**

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

Provide a copy of the amended Federal return 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**

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-S-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service 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 the Nonresident Shareholder Whose Income  
 Is Reported on Form 512-S, Part 1  
 (Qualifying Assets Held for the Applicable Holding Period)

FORM **561S** 2020

Corporate Name as Shown on Return WORKNALLDAY, INC.	Federal Employer Identification Number 00-0000007
Name of Nonresident Shareholder CARRIE ORTIZ	Social Security Number/Federal Employer Identification Number 000-00-0006

Enter the Date(s) the Nonresident Shareholder Acquired Ownership in the S Corporation: 03/08/1992

1. List qualifying Oklahoma capital gains and losses, not included on lines 2 and 3 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	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
SHARES IN OKLAHOMA COMPANY					
A2. Oklahoma Location/Address or Federal ID Number: 11-0000914					
A3. Type of property sold: (see instructions) <input type="text" value="1"/>	04/01/05	07/15/20	30,000	20,000	5,000

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	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions)					

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	Shareholder's Share F. Gain or (loss) Allocated / Apportioned to Oklahoma
A2. Oklahoma Location/Address or Federal ID Number:					
A3. Type of property sold: (see instructions)					

2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. (Provide a copy of Federal Form 6252) Type of property sold (See instructions)..... <input type="text"/>	2	
3. Qualifying Oklahoma net capital gain or (loss) from like-kind exchanges reported on Federal Schedule D, line 12. (Provide a copy of Federal Form 8824) Type of property sold (See instructions)..... <input type="text"/>	3	
4. Qualifying Oklahoma net capital gain. Add amounts in column F on lines 1, 2 and 3..... (If zero or less, enter "0")	4	5,000
5. Nonresident shareholder's share of the net capital gain apportioned and/or allocated to Oklahoma.....	5	5,000
6. Oklahoma Capital Gain Deduction. Enter the smaller of lines 4 or 5 here and on Form 512-S, Part 1, line 1b. (Do not enter less than zero).....	6	5,000

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



# Nonresident Shareholder Agreement

Not for a shareholder of an electing pass-through entity (PTE)

FORM **512-SA** 2020

I, BIN XEMPT, the undersigned, do agree I will file an

Oklahoma Income Tax Return for the taxable year ending 12/31/2020.

I will include, in Oklahoma adjusted gross income, my share of distributable taxable income or net operating loss of the corporation named below to the extent such income, gain or loss, is at the corporate level, derived from sources within Oklahoma. I further state I made and executed this agreement for the purpose of filing it with the following named corporation to be submitted with the Oklahoma Small Business Corporation Income Tax Return, Form 512-S, filed by the corporation for the taxable year indicated above.

Corporation WORKNALLDAY, INC.

Street Address or Post Office Box 37 ANY STREET

City ANYTOWN State OK ZIP 73025

Federal Employer Identification Number 00-0000007

Bin Exempt  
Signature of Shareholder Executing Agreement

\_\_\_\_\_  
Social Security Number or  
Federal Employer Identification Number

Dated this 4TH day of MARCH, 2021.

**Corporation Please Note:**

This agreement must be filed with the original Small Business Corporation Income Tax Return, Form 512-S, for each nonresident shareholder. Otherwise, the corporation shall be taxed on that part of the corporation's net taxable income allocable to the shares of stock owned by the nonresident shareholder. Once the agreement has been signed, it is irrevocable for this taxable year. Rule 710:50-21-1

An electing pass-through entity (PTE) is not required to file Form 512-SA because the nonresident shareholder will not be required to file an Oklahoma income tax return on the nonresident shareholder's share of distributable income of the PTE. 68 OS Sec. 2355.1P-1 through 2355.1P-4.