

Form 514 Test Scenario 1

Sam Starling, LLP

00-2000001

Test Scenario 1 uses the Federal Form 1065 Test Scenario 1. Dated 09/30/2020

- 1065, page 1- Change the partnership's City, State and Zip to:
Oklahoma City OK 73102
- 1065 – Number of Partners - changed from 27 to 5.

Partner Information:

	<u>Name & Address</u>	<u>SSN</u>	<u>Partner's %</u>
1.	Sam Starling PO Box 99 & Birch Branch St Johns, NFLD, Canada, AIC5N5	000-00-0022	30%
2.	Barton and Jenkins Enterprise RR 510 W Anchorage, AK 99502	69-1000001	40%
3.	Taxpayer 1 PO Box 0001 Oklahoma City OK 73103	990-00-0001	10%
4.	Taxpayer A1 PO Box 0001 Reno NV 89510	001-06-1001	10%
5.	Taxpayer A2 PO Box 0002 Reno NV 89510	001-06-1002	10%

Partners Sam Starling & Barton and Jenkins Enterprise are electing to be included in the Oklahoma composite return.

Forms Required: 514, 514-PT

Binary Attachments: Form 504-C

Form 514 Test Scenario 1

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Misc. Additional Information –

- The county in which located is - Oklahoma.
- An extension payment of \$5,000,000 was made.
- Apply \$420,000 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 – 303085418
 - Account Number – 12345987
- No underpayment of estimated interest (Form OW-8-P) is due. The prior year's tax liability was zero.
- Check the box to allow the Oklahoma Tax Commission to speak to the paid preparer.
- The partnership's income is all within Oklahoma except for the Nevada rental property.
- The interest income is reported as 'other interest income' in Part 3.

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

- A Federal extension was filed.
- The location of principal accounting records is the same address as on the tax return.
- The Internal Revenue Service re-determined the company's 2011 tax liability.
- An amended return was filed for tax year 2011.
- The 2012 statute of limitations was extended by consent.
- The business name is the same as on the tax return.
- The principal location is the same as on the tax return.
- The date business began in Oklahoma was 10/01/1997.



Oklahoma Partnership Income Tax Return

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:

Partnership Name SAM STARLING, LLP	Federal Employer Identification Number 00-2000001	Business Code Number 541110
Street Address 631 N. MCKINLEY	City, State or Province, Country and ZIP or Foreign Postal Code OKLAHOMA CITY, OK 73102	County In which located OKLAHOMA

Place an 'X' if: (1) Initial return (2) Final return (3) Amended return (See Schedule 514-X on page 5) (4) Electing PTE (Form 586 was filed)

PART 1: TAX COMPUTATION FOR NONRESIDENT COMPOSITE FILERS AND ELECTING PASS-THROUGH ENTITIES -OR- FOR PARTNERSHIPS CLAIMING THE REFUNDABLE CREDIT FROM FORM 577 OR 578.

1 Nonresident share of income (514-PT, Column F, line J) -or- electing pass-through entity's taxable income (587-PTE, Part 3, line 3). If the Oklahoma Capital Gain Deduction (Form 561P or 561-PTE) is included in Form 514-PT, Column C or F or in Form 587-PTE, Column C, place an "X" in the box..... 1 79,216,868 00

Complete line 2a -or- lines 2b and 2c

2a Nonresident Oklahoma tax (Form 514-PT, Column H, line K).....	2a	4,510,691	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 Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box)	2	4,510,691	00
3 Less: Other Credits from Form 511CR (see instructions) (provide Form 511CR)	3		00
4 Balance of tax due (line 2 minus line 3, but not less than zero)	4	4,510,691	00
5 2020 Oklahoma estimated tax payments (e.g Form(s) OW-8-ESC and prior year overpayment carryforward).....	5		00
6 Amount paid with extension request.....	6	5,000,000	00
7 Oklahoma withholding (provide Forms 1099, 500A, 500B, etc.).....	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		
11 Total of lines 5 through 10.....	11	5,000,000	00
12 Overpayment (line 11 minus line 4)	12	489,309	00
13 Amount of line 12 to be credited to 2021 estimated tax (original return only).....	13	420,00	00
14 Amount of line 12 to be refunded to you (line 12 minus line 13)	14	69,309	00

Direct Deposit Note: All refunds must be by direct deposit. See Direct Deposit Information on page 11 of the 514 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: 12345987

15 Tax Due (line 4 minus line 11).....	Tax Due	15	00
16 Underpayment of estimated tax interest.....	Annualized	16	00
17 For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month..... \$ _____		17	00
18 Total tax, penalty and interest (add lines 15, 16 and 17)	Balance Due	18	00

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.

Signature of Partner or Member Date	Signature of Preparer Date
Printed Name of Partner or Member SAM STARLING	Printed Name of Preparer JESSE JAMES
Title PRESIDENT	Phone Number 555-555-5555
Phone Number 555-631-1212	Preparer's PTIN P00000001

Make check payable to the Oklahoma Tax Commission



Partnership Name: SAM STARLING, LLP	FEIN: 00-2000001
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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 2, Part 3, Column A, line 15		1	
2	Add: (a) _____ 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 distributable net income (add lines 5 and 6e; enter here and on Page 2, Part 3, Column B, line 15)		7	

APPORTIONMENT FORMULA

Note: Provide a complete copy of your federal return.

		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				
	(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				
	(b) Less: Officer salaries..... 2b				
	(c) Total (subtract officer 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 partnership is not taxable (e.g. under Public Law 86-272).... 3bii				
	(c) Total all 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	%



Partnership Name: SAM STARLING, LLP	FEIN: 00-2000001
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PART 5: ALL PARTNERSHIPS MUST COMPLETE PART 5 OR MAY PROVIDE THE FEDERAL K-1S IF OKLAHOMA INFORMATION IS STATED SEPARATELY ON THE FEDERAL K-1.

Enter number of partners:

If completing Part 5, use Form 514-SUP when there are more than three partners. Use as many Forms 514-SUP as needed.

	Partner 1	Partner 2	Partner 3
1 Name and address of each partner	Name: SAM STARLING Address: PO BOX 99 & BIRCH BRANCH City, State, ZIP: ST JOHNS, NFLD CANADA, A1C5N5	Name: BARTON AND JENKINS ENTERPRISE Address: RR 510 W City, State, ZIP: ANCHORAGE, AK 99502	Name: TAXPAYER ONE Address: PO BOX 0001 City, State, ZIP: OKLAHOMA CITY, OK 73103
2 SSN or FEIN	000-00-0022	69-1000001	990-00-0001
3 Percentage of Partnership Owned	30%	40%	10%
4 Distributable Federal Income	24,293,154	32,390,871	8,097,718
5 Distributable Oklahoma Income (see instructions)	24,232,216	32,309,621	8,077,405
6 Guaranteed Payments (Federal)		22,675,031	
7 Guaranteed Payments (Oklahoma)		22,675,031	
8 Oil and Gas Depletion (Federal)			
9 Oil and Gas Depletion (Oklahoma)			
10 Amount of Credit			
11 Type of Credit			
12 Amount of Withholding			
13 Type of Withholding			

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

14 Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Notice: Forms required to compute withholding and credits must be provided with partnership return. Examples of these include: Form 1099 MISC, Form 500A: Nonresident 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 FORM 1065 OR 1065-B.

PART 6: ADDITIONAL INFORMATION

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

Location of Principal Accounting Records

631 N MCKINLEY DRIVE
Address

OKLAHOMA CITY
City

OK
State

73102
Zip

Has the IRS redetermined your tax liability for prior years? Yes No What years? 2011

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? 2012

Business name SAM STARLING, LLP Date business began in Oklahoma 10/01/1997

Principal location(s) in Oklahoma 631 N MCKINLEY DRIVE, OKLAHOMA CITY, OK 73102

Mail to: Oklahoma Tax Commission, PO Box 26800, Oklahoma City, Oklahoma 73126-0800

Oklahoma Partnership Composite Income Tax Supplement



FORM **514-PT** 2020

Must be completed for nonresidents electing to be included in a composite return.
 If there are more than 15 partners, use Form 514-PT-SUP to enter the additional partners.
 Use as many Forms 514-PT-SUP as needed.

Name of Partnership SAM STARLING, LLP	Federal Employer Identification Number 00-2000001
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A	B	C	D	E	F	G	H
FEIN/SSN	Federal Distributive Income From Form 514, Part 5: Line 4 plus Line 6 minus Line 8	Oklahoma Additions and Subtractions See instructions Attach schedule	Distributive Income from All Sources Column B plus/minus Column C	Base Tax See instructions	Oklahoma Distributive Income From Form 514, Part 5: Line 5 plus Line 7 minus Line 9 and Form 561-P	Tax % Column F divided by Column D	Oklahoma Non-Resident Tax See instructions
1) 000-00-0022	24,293,153 +/-	=	24,293,153	1,214,658	24,232,216	99.7492 %	1,211,612
2) 69-1000001	+/-	=			54,984,652	%	3,299,079
3)	+/-	=				%	
4)	+/-	=				%	
5)	+/-	=				%	
6)	+/-	=				%	
7)	+/-	=				%	
8)	+/-	=				%	
9)	+/-	=				%	
10)	+/-	=				%	
11)	+/-	=				%	
12)	+/-	=				%	
13)	+/-	=				%	
14)	+/-	=				%	
15)	+/-	=				%	

I) Enter the total from supplemental schedule(s), Form 514-PT-SUP, columns F and H.....	79,216,868	
J) Total nonresident's share of Okla. distributive income (enter here & on Form 514, Part 1, line 1)..	79,216,868	
K) Total nonresident Oklahoma tax (enter here and on Form 514, Part 1, line 2).....		4,510,691



State of Oklahoma Supplemental Schedule for Form 514, Part 5

FORM **514-SUP** 2020

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

Name of Partnership	FEIN	Page	
SAM STARLING, LLP	00-2000001	1	of 1

	Partner <u>4</u>	Partner <u>5</u>	Partner _____
1 Name and Address of Each Partner	TAXPAYER A1	TAXPAYER A2	
Name:			
Address:	PO BOX 0001	PO BOX 0002	
City, State, ZIP:	RENO, NV 89510	RENO, NV 89510	
2 SSN or FEIN	001-06-1001	001-06-1002	
3 Percentage of Partnership Owned	10%	10%	
4 Distributable Federal Income	8,097,718	8,097,718	
5 Distributable Oklahoma Income (see instructions)	8,077,405	8,077,405	
6 Guaranteed Payments (Federal)			
7 Guaranteed Payments (Oklahoma)			
8 Oil and Gas Depletion (Federal)			
9 Oil and Gas Depletion (Oklahoma)			
10 Amount of Credit			
11 Type of Credit			
12 Amount of Withholding			
13 Type of Withholding			

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

14 Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ITE
**Application for Extension
of Time to File an Oklahoma Income Tax Return
For Corporations, Partnerships and Fiduciaries**

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



FORM **504-C** 2020

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

Corporate, Partnership, or Fiduciary Name SAM STARLING, LLP	Federal Employer Identification Number: 00-2000001
Mailing address (number and street) 631 N MCKINLEY STREET	CHECK THE FORM TYPE FOR THE RETURN THIS APPLICATION IS FOR: <input 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 checked="" type="checkbox"/> Form 514
City, State and ZIP OKLAHOMA CITY, OK 73102	

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 09-15-2021

Extension of Time to File with the Okla. Tax Commission is requested to: DATE _____

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	5,000,000	00
2. Oklahoma income tax withheld	2		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		00
6. Income tax balance due (subtract line 5 from line 1)	6	5,000,000	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	5,000,000	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		00
9. Total amount you are paying (add lines 7 and 8).....	9	5,000,000	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.