6

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6 0

Nonresident share of Okla. capital gain deduction (provide Form(s) 561-S)...... 1b 00 00 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...... 00 Complete line 2a -or- lines 2b and 2c 00 

00 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) 00 and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box )...... 2 00 Other Credits Form (see instructions) (provide Form 511-CR) 3 00 Balance of tax due (line 2 minus line 3, but not less than zero).

		2022 Form 512-S - Small Business Corporation Incom	ne and Franchise Tax - Pa	age 2				arcode ceholder		3
		FOR INFORMATIONAL PURPOSES ONLY -			ALLY					
										6
	Nam	e Shown on Form 512-S:			FEIN:					8
0	PA	ART ONE, SECTION ONE: INCOME TA	AX							1 (
			Amou	nt from line 4	on page 1				00	1
										2
	5	2022 Oklahoma estimated tax payments (i.e. Form(s) OW prior year overpayment carryforward)			00					4
	6	Amount paid with extension request	6		00					$\epsilon$
	7	Oklahoma withholding ( <b>provide</b> Form 1099, 500-A, 500-B withholding statement)			00					7
										ę
)	8	Refundable Credit from Form 578	8		00					2 0
	9	Amount paid with original return and amount paid after it w (amended return only)			00					2
										3
	10	Any refunds or overpayment applied (amended return only	y)10	(	)00					4 5
	11	Total of lines 5 through 10				11			00	6
										7
	12	Overpayment (line 11 minus line 4)		Ov	erpayment	12			00	8
	13	Tax Due (line 4 minus line 11)		Incon	ne Tax Due	13			00	3 0
	14	Donation: Public School Classroom Support Fund				1.1			00	5
	14	Donation. Fublic School Classicom Support Fullu				14			00	3
	15	Underpayment of estimated tax interest		Annu	alized	15			00	4
	16	For delinquent payment add penalty of 5%			plus					5
		interest of 1.25% per month	\$			16			00	7
	17	Total tax, penalty and interest (add lines 13-16)		ncome Tax Ba	alance Due	17			00	8
										4 0
	SE	ECTION TWO: FRANCHISE TAX	Place an "X" here if fili and complete Section and complete Section	ng a combined Two. Corporati Three.	corporate i	orm 20	and frar 00 will s	nchise tax kip Section	c return on Two	1
	То	complete lines 18-25, use the figures from page 10, line	s 12-19.							3
										4
									22	5
	18	Tax				18			00	7
	19	Registered Agents Fee				19			00	8
		Interest							22	9
	20					20			00	5 (
	21	Penalty				21			00	2
		Reinstatement Fee								3
	22					22			00	4
	23	Previous Payment				23(			) 00	6
	23								, 00	7
	24	Overpayment	Fran	chise Tax Ov	erpayment	24			00	8
	0.5	Total Dua		Eropobies T	w Balana	25			00	6 0
	25	Total Due		rranchise la	ax Dalance	25			00	1
										2
Ш										3
Ш										4

	FOR INFORMATIONAL e Shown on Form 512-S:				FEIN:	
SI	ECTION THREE: TOT	AL				
					£4b	
	corporations complete Sec 26. If there is a net overpay			nd Franchise Tax. I	t there is a net balance	e aue, complete
26	Balance Due Total Balance Due				Balance Due 26	00
20	Total Balance Bale				Sudino Buo 20	00
	<u>Overpayment</u>					
27	Total Overpayment				27	00
28	Amount of line 27 to be credited	d to 2023 estimated in	ncome tax			
	(original return only)			28	00	
			<i>c</i>			
	ne 29 provides you the oppo lahoma organizations. Plac					
	x below and enter the amou					
-9	9" in the box and provide a	schedule snowir	ig now you would	i like your donation	i spiit.	
				<u> </u>		
29	Donations from your refund	·····	\$2 \$5	\$	29	00
30	Total (add lines 28 and 29)				30	00
31	Amount of line 27 to be refunded t	to you (line 27 minus li	ne 30)		Refund 31	00
	Direct Deposit Note:	Is this refund go	ing to or through an	account that is located o	outside of the United States	? Yes No
		. Deposit my re	fund in my:	Checking Account	Savings Account	
All	ofunds must be by direct denosit	Deposit my re	iuliu ili iliy.	necking Account	Savings Account	
	refunds must be by direct deposit. Direct Deposit Information on		per:			
See		s. Routing Numb				
See	Direct Deposit Information on	Trouting running				
See	Direct Deposit Information on	Account Numb				
Sec	Direct Deposit Information on e 18 of the 512-S Packet for details	Account Numl	ber:			Make check payable to the
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio	Account Numl	ber: s return with you		an 'X' nere:	Make check payable to the Oklahoma Tax Commission
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details	Account Numl	ber: s return with your	and statements, and to the bes	an 'X' nere:  It of my knowledge and belief,	
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin	Account Numl	s return with your	and statements, and to the bes	an 'X' nere:  It of my knowledge and belief,	
If the Under it is the Signature	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin le, correct and complete. If prepared by per	Account Numl on may discuss thi ned this return, including any rson other than the taxpayer	ber:  s return with your y accompanying schedules, this declaration is based o	and statements, and to the bes n all information of which prepa	an 'X' nere:  It of my knowledge and belief,	Dklahoma Tax Commission  Date
If the Under it is the Signature	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin the, correct and complete. If prepared by penalties of perjury of Officer	Account Numl on may discuss thi ned this return, including any rson other than the taxpayer	ber:  s return with your y accompanying schedules, this declaration is based o	and statements, and to the bes n all information of which prepa ignature of Preparer	an 'x' nere:	Dklahoma Tax Commission  Date
If the Under it is the Signature	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin the, correct and complete. If prepared by penalties of perjury of Officer	Account Numl on may discuss thi ned this return, including any rson other than the taxpayer	is return with your y accompanying schedules this declaration is based o	and statements, and to the bes n all information of which prepa ignature of Preparer	an 'x' nere:	Date  Date  Gress
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin the, correct and complete. If prepared by penalties of perjury of Officer	Account Numl  Account Numl  Account Numl  Account Numl  In a star of the star	is return with your y accompanying schedules this declaration is based o	and statements, and to the bes n all information of which prepa ignature of Preparer rinted Name of Preparer thone Number	an 'X' nere:  at of my knowledge and belief, arer has any knowledge.  Preparer Email Add  Preparer's PTII	Date  Date  Gress
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin le, correct and complete. If prepared by pen ure of Officer  Name of Officer	Account Numl  On may discuss thi  ned this return, including any rson other than the taxpayer  Date  Officer Email Address  Phone Number  This form is due Prov	is return with your accompanying schedules, this declaration is based o	and statements, and to the bes in all information of which prepair ignature of Preparer irinted Name of Preparer thone Number lue date of the Federal y of Federal return.	an 'X' nere:  to f my knowledge and belief, arer has any knowledge.  Preparer Email Add  Preparer's PTII	Date  Date  Gress
See pag	Direct Deposit Information on e 18 of the 512-S Packet for details e Oklahoma Tax Commissio penalties of perjury, I declare I have examin le, correct and complete. If prepared by pen ure of Officer  Name of Officer	Account Numl  On may discuss thi  ned this return, including any rson other than the taxpayer  Date  Officer Email Address  Phone Number  This form is due Prov	is return with your accompanying schedules, this declaration is based o	and statements, and to the bes in all information of which prepaignature of Preparer  rinted Name of Preparer  thone Number  lue date of the Federa	an 'X' nere:  to f my knowledge and belief, arer has any knowledge.  Preparer Email Add  Preparer's PTII	Date  Date  Gress

6 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 6

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			Barcode	
	2022 Form 512-S - Small Business Corporation Income and Franchise T		Placeholder	
	FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILE	D ELECTRONICALLY		
No	me Shown on Form 512-S:	FEIN:		++
INA	ile Silowii dii Poliii 312-3.	FEIN.		
	ART 2: ORDINARY INCOME FROM TRADE OR BUS			
by	S Corporations whose income is all within Oklahoma and/or by those whose income. CAUTION: Include only trade or business income and expenses on lines 1.	ome is partly within and partly without Ok a through 21 below	lahoma (not of a unitary	
110	are). Gas install modes only trade of pasiness modified and expenses of lines in	a unough 21 boow.		$\blacksquare$
		Column A	Column B	
1	a. Gross receipts or sales\$	As reported on Federal Return	Total applicable to Oklahoma	
	b. Minus returns and allowances\$	00 1	0	00
2	Cost of goods sold and/or operations	00 2	0	00
1	Cost of goods sold and of operations	00 2	U	U
3	Gross profit (subtract line 2 from line 1)		0	00
4	Net gain (loss) (Form 4797 Part II, line 17)		0	00
5	Other income (loss) (provide schedule)	00 5	0	00
	Surface (1905) (Provide Soriesaile)	00 0	U	U
6	Total income (loss) (add lines 3 through 5)		0	00
7	Compensation of officers	00 7	0	00
8	Salaries and wages		0	00
		00 0	0	
9	Repairs and maintenance		0	00
10	Bad debts	00 10	0	00
11	Rent	00 11	0	00
		00		
12	Taxes and licenses	00 12	0	00
13	Interest	00 13		
13	interest	00 13	U	00
14	Depreciation		0	00
15	Depletion (do not deduct oil and gas depletion)	00 15	0	00
16	Advertising	00 16		00
13		00 10	U	J
17	Pension, profit-sharing, etc. plans	00 17	0	00
18	Employee benefit programs	00 18	0	00
19	Other deductions (provide schedule)	00 19	0	00
1		00 10	0	-
20	Total deductions (add lines 7 through 19)	00 20	0	00
21	Ordinary Income (Loss) from trade or business: Subtract line 20 from line 6. Enter here and below on Part 3, line 1	00 21	0	10
	Subtract line 20 from line 0. Enter here and below on Part 3, line 1	00 21	0	U

	2022 Form 512-S - Small Business Corporation Income and Franchise Tax - Pag FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELE		Y		Barcode Placeholder	
Nam	e Shown on Form 512-S:	FE	N:			
PΔ	ART 3: SHAREHOLDERS' PRO RATA SHARE ITEMS					
INC	OME (LINES 1 THROUGH 11)	Column A As reported Federal Retu	on		Column B Total applicab to Oklahoma	
1	Ordinary income (loss) from trade or business (from Part 2, line 21)		00	1		00
2	Net income (loss) from rental real estate activity(ies) (provide schedule)		00	2		00
3 4	Net income (loss) from other rental activity(ies) (provide schedule)		00	3		00
	a: Interest on loans, notes, mortgages, bonds, etc.		00	4a		00
	b: Interest on obligations of a state or political subdivision			4b		00
	c: Interest on obligations of the United States			4c		00
-	d: Other interest income			4d		00
6	Royalties			5		00
7	Net short-term capital gain (loss) (Schedule D, 1120-S)			7		00
8	Net long-term capital gain (loss) (Schedule D, 1120-S)			8		00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft)		00	9		00
10	Other (provide schedule)		00	10		00
11	Total income (add lines 1 through 10)		00	11		00
	DUCTIONS (LINES 12 THROUGH 17)		00	40		00
12	Section 179 deduction ( <b>provide</b> schedule)			12		00
14	Deductions related to portfolio income			14		00
15	Intangible drilling costs		00	15		00
16	Other deductions authorized by law (provide schedule)		00	16		00
17	Total Deductions (add lines 12 through 16)		00	17		00
	TAL (LINE 18)					
18 If Fed	Net distributable income (line 11 minus line 17)leral and Oklahoma distributable net incomes are the same, please see instructions on page 8 of packet.		00	18		00

	0000 Farm 540 C Carall David Co	Dama C	Barcode
	2022 Form 512-S - Small Business Corporation Income and Franchise To		Placeholder
	FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILE	DELECTRONICALLY	
Nan	me Shown on Form 512-S:	FEIN:	
DΛ	ART 4: COMPUTATION OF OKLAHOMA TAXABLE I	NCOME OF A LINITARY	ENTERDRISE
	HOSE INCOME IS PARTLY WITHIN AND PARTLY W		LIVI LIVI IVIOL
•	HOOE INCOME TO PARTE! WITHIN AND PARTE! W	THIO I CITEATIONA	
1	Net distributable income from Page 5, Part 3, Column A, line 18		1
	Add: (a) Taxes based on income	200	
2	Add: (a) Taxes based on income		
	(b) Unallowable deduction (provide schedule)	2b	
	(c) Other income (provide schedule)		
	(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 %		5
6	Add items separately allocated to Oklahoma:		
	(3)	6a	
	(a)	0a	
	(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 5, Part 3, Column B, line 18)		7

1 2 3 4 2	5 6 7	8 9 10	0 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5	6 7 8	9 40	0 1 2 3	4 5 6 7	8 9 50	1 2 3	4 5 6	6 7 8	9 60 1	2 3 4 5	6 7 8	9 70	1 2 3	4 5 6 7	7 8 9	80 1	2 3 4
3																Barce	ode			:
4		20	022 Form 512-S - Small Business Corporation In	come	and	d Franc	hise Ta	x - Pa	ge 7							Placeh				4
5		F	OR INFORMATIONAL PURPOSES ONL	Y - N	/US	ST BE	FILE	D ELI	ECT	RON	IIC <i>A</i>	LLY								ļ
6																				6
7 8	Nan	ne Sho	own on Form 512-S:									FEIN	:							
9																				!
1 0	Al	PPC	ORTIONMENT FORMULA																	1 (
1								_												
2	1		ue of real and tangible personal property used in unitary business (by averaging the value at the			<u>Co</u>	<u>lumn</u> .	<u>A</u>			Col	<u>umn</u>	<u>B</u>				<u>mn C</u> ed by E	B)		2
3			ginning and ending of the tax period).				al With					Vithin			Pe	rcent	Withi	n		
5		(a)	Owned property (at original cost):			Ok	lahom	а		With	out	Okla	homa	-	(	Oklah	noma			!
6			(i) Inventories	1ai	1				П					-						f
7									7											7
8			(ii) Depreciable property	1aii	_				Ш					_						3
9 2 0			(iii) Land	1aiii	-				Н					]-						2 (
1					┢				-11					-						
2			(iv) Total of section "a"	. 1aiv	1															1
3									11											
4		(b)	Rented property (capitalize at 8 times net rental paid)	1b	L				Ц.											
5 6		(c)	Total of sections "a" and "b" above	1c	\$					\$				1c					%	- 1
7		(0)		10	Ψ				-H	ν									70	
8	2	(a)	Payroll	2a	1				П					-						
9									7											(
3 0		(b)	Less: Officer salaries	2b	L				Щ					L						3 (
2		(c)	Total (subtract officer salaries from payroll)	2c	4					\$				2c					%	<del></del>
3	3	Sal			Ψ				Н	ν									70	
4		(a)	Sales delivered or shipped to Oklahoma purchasers:						П											
5			(i) Shipped from outside Oklahoma	3ai																Ę
6			(ii) Shipped from within Oklahoma	2aii	1				Ш											
7 8		(h)	Sales shipped from Oklahoma to:	Jali	-				Н											
9		(D)	(i) The United States Government	3bi	1				Н											9
4 0			(ii) Purchasers in a state or country where the		1				11											4 (
1			corporation is not taxable (e.g. under Public Law 86-27	2) <mark>3bii</mark>																·
2		4 \							14	•									0/	2
3		(c)	Total all of sections "a" and "b"	3c	<b>Þ</b>					\$				3c					%	
5		14 0	T. 66 - 10-11 - 1010 - T 1-11-1																	
6	4		tevenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here:																	f
7																				7
8																			0/	3
9 5 0	5	Iota	al percent (sum of items 1c, 2c and 3c)											5					%	5 (
1	6	Ave	erage percent (Total percent divided by the number	of fac	tors	present	(Carr	v to Pa	rt 4, I	ine 5)				6					%	
2							, ( ] -	, , , , , ,		,										1
3			Note: Provide a	con	nple	ete co	ру о	f you	ır F	edeı	ral ı	retui	n.							:
4																				4
5 6																				+ + + + + + + + + + + + + + + + + + + +
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5																				
6 2 3 4	567	Q Q 10	1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5	6 7 9	0 40	1 1 2 2	1 5 6 7	0 0 50	1 2 2	1 5 6	7 0	0 60 4	2245	6 7 0	0 70	1 2 2	14 6 6 5	7 0 (	00 1	10 2 4

Name	Shown on Form 512-S:							FEIN	1.			$\blacksquare$
PAF	RT 5: SHAREHOLDERS' PRO	RATA	SHA	RE OF	INC	OME						
nter the	e information for each shareholder. If there are more than	2 sharehol			-SUP to e	nter the a	dditional	shareholde			-S-SUP as nee	ded.
4   1			Share	holder 1					Shareh	older 2		_
	lame and Address f Each Shareholder Name:											
	Address:											
	014, 04-4- 715.											
	City, State, ZIP:											
2 S	SN or FEIN											
3 0	Ownership Percentage											
												4
	Distributable Federal Income Part 3, Column A, line 18 times Part 5											
1 '	ine 3)											
	Distributable Oklahoma Income											
١, ١	Part 3, Column B, line 18 times Part 5 ine 3**)											
6 0	oil and Gas Depletion (Federal)											
7 0	oil and Can Danistian (Oklahama)											
1	il and Gas Depletion (Oklahoma)											Ш
8 A	mount of Credit											
												+
9 T	ype of Credit											
10 A	mount of Withholding											
												-
11 T	ype of Withholding											
NON	RESIDENT SHAREHOLDER (IF THE ELEC	TING PTE	BOX IS	CHECKED	ON PAG	E 1. LEA	VE LINE	S 12-14 E	LANK AND C	OMPLETE	FORM 587-F	PTE)
	s a signed Form 512-SA provided?											
- 11	f nonresident agreement (Form 512-		Ye	es	No				Yes		No	
	SA) is NOT provided, the S Corpo- ation will be taxed on the income											
	eported in line 13.											
	Nonresident Share of Income to Tax f line 12 is NO (enter the distributable											
	Oklahoma income from line 5)											
TOT/	AL: NONRESIDENT SHARE OF INC	OME TO	ταν									
												$\blacksquare$
	Add amounts shown in line 13 above for all Sha Enter here and on Page 1, Part 1, line 1a								\$			
	E: The amount shown in Part 3, Column B, line 1									ne sharohr	Ider's Oklaha	nma
NOTE	income tax return. This amount includes all allo	wable sha	ıreholder	's income, l	osses, a	nd deduc	ctions. So	ome of the	se items may	be limited	on the Federa	
124	return. If these items are allowed in full or part											N
votice esider	: Forms required to compute withholding and cred to the required to compute withholding and credits to the required to compute withholding and credits	its must be Form 50	e provide 6: Invest	ea with corp ment/New a	orate ret lobs Cre	urn. <u>Exa</u> dit and F	amples of orm 529	tnese inc : Small Bu	<u>siude</u> : Form 1 siness Guara	nty Fee Cr	edit. Schedul	Non les c
	zation must be furnished.										++++	+
	Note: P	rovide a	compl	ete copy	of you	ır Fede	eral Re	turn.				

6 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 6

	2022 Form 512-S - Small Business Corporation Income and Franchise To	ax - Page 9	Barcode Placeholder
	FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILE		
	TON INTONIAL TONE ODEO ONET - MOOT BE THE	LEEG INOMORELI	
Nar	ne Shown on Form 512-S:	FEIN:	
	ART C. ARRITIONAL INFORMATION		
	ART 6: ADDITIONAL INFORMATION		
Loc	ation of Principal Accounting Records		
Addr	ess City	State Zip	
Has	the Internal Revenue Service redetermined your tax liability for prior years?	Yes No What years?	
	you file amended returns for the years stated above?	Yes No N/A	
0		<del>                                      </del>	
Has	the statute of limitations been extended by consent for any prior years?	Yes No What years?	
D	inges name:	Data husinasa hasaa is Culah sasa	
Bus	iness name:	Date business began in Oklahoma	
Prin	cipal location(s) in Oklahoma:		
0			
0			
0			
0			
	8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7		

2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0"				Barcode	
Franchise Tax Worksheet  A Tourpayor FENN  B Account Number  C. New Mailing Address Change  D. Balance Sheet Date (MW/DD/YY)			9		
A Topogray FEIN    Office Use Only-	FOR INFORMATIONAL PU	RPOSES ONLY - MUST	BE FILED ELECTRONICAL	LY	-
Addross  Addross  City, State or Province, Country and Postal Code  City, State or Province, Cou	ranchise Tax Workshee	et Hilliam III			
Name Name Name Name Name Name Name Name	A. Taxpayer FEIN B. A	ccount Number			
Name Name Name Name Name Name Name Name	<del>                                      </del>				
Name National Color Notation of Province, Country and Postal Code  City, State or Province, Country and Postal Code  Control Code In the Country of Code In the Code					
Name National Color Notation of Province, Country and Postal Code  City, State or Province, Country and Postal Code  Control Code In the Country of Code In the Code					
Name National Color Notation of Province, Country and Postal Code  City, State or Province, Country and Postal Code  Control Code In the Country of Code In the Code	-Office Use Only				
Address  City, State or Province, Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  Dollars  Cents  Country and Postal Code  Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  Country and Postal Code  Country and Postal Code  Country and Postal Code  Cents  Dollars  Cents  Dollars  Cents  Country and Postal Code  Cents  Country and Postal Co	Jine Use Oilly				
Address  City, State or Province, Country and Postal Code  City, State or Province, Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)  Total net assets (Franchise Tax Balance Sheet: Line 15, Column B)  Total net assets are in Oklahoma, enter 0°.  Total gross pusition of Oklahoma (Incredible Tax Balance Sheet: Line 23)  H line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11.  Round to next highest 51,000. If line 4 is completed, skip to line 12.  Total gross business done by corporation in Oklahoma (Tranchise Tax Balance Sheet: Line 34).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33).  Total gross business done to business done (Total of lines 2 and 7).  8  Doublars  Doub			C Mailing Address Chan	ige	
City, State or Province, Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  D. Data Palance Sheet Date (MM/DD/Y)  D. Data Palance Sheet Date (MM/DD/Y)  D. Data Palance Sheet Date (MM/DD/Y)	Name		C. New Mailing Address		
City, State or Province, Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  D. Dollars  Cents  Capital employed in Oklahoma, enter "0"  D. Capital approprior (Inches Tax Balance Sheet Line 23)  D. Dollars  D. Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  D. Dollars  Cents  D. Dollars  Cents  D. Dollars  D. Dollars  Cents  D. Dollars  D.					
City, State or Province, Country and Postal Code  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  D. Dollars  Cents  Capital employed in Oklahoma, enter "0"  D. Capital approprior (Inches Tax Balance Sheet Line 23)  D. Dollars  D. Dollars  Cents  D. Balance Sheet Date (MM/DD/YY)  D. Dollars  Cents  D. Dollars  Cents  D. Dollars  D. Dollars  Cents  D. Dollars  D.	Address		City, State or Province. Country as	nd Postal Code	
D. Balance Sheet Date (MM/DD/YY)  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"			, , , , , , , , , , , , , , , , , , , ,		
D. Balance Sheet Date (MM/DD/YY)  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"	City. State or Province Country and Postal Code				
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)	-1.5, Sand S			D. Balance Sheet Date (MM/	DD/YY)
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)					
1. Total net assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)					
2. Total net assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0"		hia Tay Dalara Old V	45 Column D)	Dollars	
If all assets are in Oklahoma, enter "0"					.00
3. Total current liabilities (Franchise Tax Balance Sheet: Line 23) If fline 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11	2. Total net assets (Franchise Tax Bala	ance Sheet: Line 15, Columi	n A)		
If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11			2		.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			te lines 5-11		.00
Round to next highest \$1,000. If line 4 is completed, skip to line 12					
5. Total gross business done by corporation in Oklahoma (Franchise Tax Balance Sheet: Line 34)			line 124		.00
(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)       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)       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       18 =					.50
6. Total value of assets and business done in Oklahoma (Total of lines 1 and 5)			5		.00
7. Total gross business done by corporation (Franchise Tax Balance Sheet: Line 33)					
8. Total value of assets and business done (Total of lines 2 and 7)					
9. Percentage of Oklahoma assets (See instructions)  Check appropriate Box: Option1 Option 2	7. Total gross business done by corpo	ration (Franchise Tax Balan	ce Sheet: Line 33)7		.00
Check appropriate Box: Option1 Option 2	3. Total value of assets and business	done (Total of lines 2 and 7)	8		.00
Check appropriate Box: Option1 Option 2	9. Percentage of Oklahoma assets (Se	ee instructions)			
10. Value of capital subject to apportionment (Line 2 minus line 3)					0/
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000	Check appropriate Box:	Option1 Option 2	9		70
11. Capital apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1,000	0. Value of capital subject to apportion	ment (Line 2 minus line 3)	10		.00
Dollars   Cents					.,,
12. Tax (See instructions) (If less than \$250, enter "0")	Round to the next highest \$1,000		11		.00
12. Tax (See instructions) (If less than \$250, enter "0")					
13. Registered agents fee (\$100.00 - See instructions)		0.50		Dollars	Cents
14. Interest					
15. Penalty	3. Registered agents fee (\$100.00 - S	ee instructions)	13 +		.00
16. Reinstatement fee (\$150.00 - See instructions)	4. Interest		14 +		
16. Reinstatement fee (\$150.00 - See instructions)	5. Penalty		15 +		
17. Previous payment					
18. Overpayment					.00
	7. Previous payment		17 -		
	8 Overnayment		18 =		
19. IOTAI DUE					
	9. Iotal Due		19 =		
	<u> </u>				

3		Barcode	
4	2022 Form 512-S - Small Business Corporation Income and Franchise Tax - Page 11	Placeholder	
5	FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTI	RONICALLY	
5			
7 3		ee	
9	Franchise Tax Schedule A: Current O	flicer Information	
1 0	NOTE: Inclusion of Officers Is Mai	ndatory.	1
1	Taxpayer Name FEIN	Account Number	
2	i dapays, riamo		
3			
4	Corporate officers offective as of	are as follows:	
5	Corporate officers effective as of	are as follows:	
6	Schedule A: Current Officer Information		
7 8	The officers listed below should be those whose term was in effect as of the	close of the income tax year. Be sure to	
9	include names, addresses, and social security numbers.		
2 0		O sist Os well Newston	2
1	1. Name (First, MI, Last)	Social Security Number	
2			
3	Home Address (street and number)	Daytime Phone (area code and number)	
4			
5	City, State or Province, Country and Postal Code	Title	
6			
7			
9	2. Name (First, MI, Last)	Social Security Number	
3 0			3
1	Home Address (street and number)	Daytime Phone (area code and number)	
2			
3	City, State or Province, Country and Postal Code	Title	
4			
5			
6	3. Name (First, MI, Last)	Social Security Number	
7			
9	Home Address (street and number)	Daytime Phone (area code and number)	
4 0			4
1	City, State or Province, Country and Postal Code	Title	
2	only, state of Frontier, County and Foods County	Tide .	
3			
4	4. Name (First, MI, Last)	Social Security Number	
5			
6	Home Address (street and number)	Daytime Phone (area code and number)	
7 8			
9	City, State or Province, Country and Postal Code	Title	
5 0	7-9, 7-3, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		5
1			
2	Please include social security numbers of officers.		
3	710:1-3-6. Use of Federal Employer Identification Numbers and other identification	n numbers mandatory	
4	All returns, applications, and forms required to be filed with the Oklahoma Tax Commis-	sion in the administration of this State's tax laws	
5	shall bear the Federal Employer's Identification Number(s), the Taxpayer Identification		
6	identification number of the person, firm, or corporation filing the item and of all persons listed.	required by law or agency rule to be named or	
7	[Source: Amended at 32 Ok Reg 1330, eff 8-27-15]		
9			
6 0	710:1-3-8. Confidentiality of records  All Federal Employer's Identification and/or Social Security Account Numbers are deem	and to be included in the confidential records of	6
1	the Commission.	ied to be included in the confidential records of	
2			
3			
4			

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# Franchise Tax Schedules B, C and D

тахраует матте			FEIN	
	nedules B, C, and D for the coned on Schedules C and D.	npletion of the Oklahoma	 Annual Franchise Tax	Return. <b>Provide</b> additional pages
Schedule B General Inforr	nation (to be comp	oleted in detail)		
If the business is not a	"corporation," list the type of bu	usiness structure, the date	e of formation, and cou	nty in which filed.
Name and address of C	Oklahoma "registered agent" -			
Name of parent compa	ny if applicable:			FEIN:
	stock owned by the parent cor			
In detail, please list the	nature of business:			
Amount of authorized of	apital stock or shares:			
(a) Common:	shares, par/book	value of each share		\$ <i></i>
(b) First Preferred:	shares, par/book	value of each share	\$	\$
	ares issued and outstanding a			
` '	shares, par/book			\$
(b) First Preferred:	shares, par/book	value of each share	\$	\$
Name of Subsidiary	<u>FEIN</u>	Percenta	ge Owned (%)	Financial Investment (\$)
Affiliates (Compani	ies related other than by direct	stock ownership)		
Name of Affiliate	<u>FEIN</u>	How rela	ted?	
	<del></del>			
Schedule D				
	want Dabt abayya a	n Dalamaa Ohaa	4	
Details of Cur	rent Debt shown o	n Balance Snee	Original Amount	Balance remaining of amounts payable within 3
Name of Lender	Original Date of Issuance	Maturity Date	of Instrument	years of Date of Issuance
	_		_	
			_	
	_		_	
	<u> </u>		<u> </u>	

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### Schedule E

# Franchise Tax Balance Sheet

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Placeholder

Taxpayer Name	FEIN	As of the Last Income Tax Year Ended: (MM/DD/YY)

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

#### Column C Column A Column B Liabilities and Total in Oklahoma **Assets** Total Everywhere as per Stockholders' Total Everywhere as per Books of Account. as per Books Books of Account. If all Property is in **Equity** of Account. Oklahoma, Do Not Use this Column. 1. Cash ..... 19. Accounts payable ..... \_ 2. Notes and accounts receivable 20. Accrued payables ..... 21. Indebtedness payable 3. Inventories ..... three years or less after 4. Government obligations and issuance other bonds..... (see schedule D) ..... \_\_ 5. Other current assets (provide schedule)..... 22. Other current liabilities..... \_ 6. Total Current Assets 23. Total Current Liabilities...... \_ (Lines: 19-22) (add lines 1A-5A and 1B-5B). 7. Mortgage and real estate loans \_\_\_ 24. Inter-company payables (a) To parent company..... \_ 8. Other investments (b) To subsidiary company..... \_ (provide schedule)..... \_ (c) To affiliated company..... -25. Indebtedness maturing and (b) Less accumulated payable in more than three depreciation..... years from the date of issu-**10.** (a) Fixed depreciable assets . ance..... (b) Less accumulated 26. Loans from stockholders not depreciation..... payable within three years..... \_ 11. (a) Depletable assets..... 27. Other liabilities ...... (b) Less accumulated 28. Capital Stock (a) Preferred stock..... \_\_\_ **12.** Land..... (b) Common Stock..... \_ 13. (a) Intangible assets ..... \_ 29. Paid-in or capital surplus (b) Less accumulated (provide reconciliation) ..... \_\_\_ amortization..... 30. Retained earnings ...... 14. Other assets ..... 31. Other capital accounts..... \_ 15. Net Assets ..... 32. Total Liabilities and (Lines: 6-14) Stockholders' Equity ..... \_ 16. Inter-company receivables: (Lines: 23-31) (a) From parent company ..... 33. Total gross business done everywhere (b) From subsidiary company (sales and service) .....\_\_\_\_ (c) From affiliated company. (from income tax return) 17. Bank holding company 34. Total gross business stock in subsidiary bank ...... done in Oklahoma (sales and service) ..... 18. TOTAL ASSETS..... (from income tax return) (Lines: 15-17)

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Name Shown on Form 512-S:						Federal Employer Identification Number:	
Schedul	e 512-S-X:	Amende	d Return	Schedul	е		
	e an amended Fed vide a copy of IR			Yes I a copy of "Sta	temen	No t of Adjustment", IRS refund	check or deposit slip
	urn being filed du			Yes	No		
<b>C</b> Explanatio	n or reason for Am	nended return	( <b>Provide</b> all n	ecessary sched	lules):		

# 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.