

Oklahoma Nonresident Fiduciary Return of Income

FORM 513-NR IS FOR NONRESIDENTS ONLY. RESIDENTS USE FORM 513.

This form must be filed on or before the 15th day of the fourth month after the close of the taxable year.

For the year January 1 - December 31, 2022, or other taxable year		IMPORTANT	IMPORTANT!								
beginning ending				Was a Fiduciary Income Tax Return filed for the previous year?			Yes		No		
2022				provious yea							
Nam	e of Estate or Trust				Federal En	nployer Identification Number		Date E	ntity Created		
Addı	ress of Fiduciary (Number and st	treet)			Name of Fi	iduciary		Title of Fiduciary			
City			s	tate or Province	Count	ry			ZIP or Foreig	n Postal C	ode:
PI	ace an 'X' in all applic	cable boxes	s:								
				Toward David	la di la a a sa	an Frank					
	Decedent's Estate	;	Grantor Type T	rust Poo	oled Incom	ne Funa					
	Simple Trust	'	Complex Trust	Bar	kruptcy E	state					
	ESBT		Charitable Trus	st				Nun	nber of Ber	neficiarie	s:
	Other (describe):										
Pla	ce an 'X' if: (1)	tial Return	(2) Fir	nal Return (3) An	nended Return (See Sched	dule 5	13-NI	R-X on pag	je 5)	
PA	RT 1 Important: Prov	ide a copy o	of your Federa	I return. Also pro	vide a						
	COME (PROVIDE NECES			ferent from Federa LINES 2-10)	al.	Column A Federal Amount			_	umn ma Am	
						r ederal Amount			Oklani	illa Alli	
1	Interest income						00	1			00
2	Dividends						00	2			00
3	Business income or (loss	3)					00	3			00
4	Capital gain or (loss)						00	4			00
5	Rents, royalties, partners	ships, other e	states and trus	ts, etc			00	5			00
6	Farm income or (loss)						00	6			00
7	Ordinary gain or (loss)						00	7			00
8	Other income (state natu	re of income)				00	8			00
9	Total income (add lines	1 through 8).					00	9			00



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Name of Estate or Trust:	Federal Employer Identification Number:				

Oklahoma Adultions SEE INSTRUCTIONS	PA	RT 1 Important: Provide a copy of your Federal return. Also provide a schedule for Oklahoma amounts when different from Federal.	Column A		Column B
10 State and municipal bond interest (not specifically exempt)	OK	LAHOMA ADDITIONS - SEE INSTRUCTIONS		Oklahoma Amount	
11 Other additions (identify:		Amount from line 9 on page 1	00		00
Description	10	State and municipal bond interest (not specifically exempt)	00	10	00
OKLAHOMA SUBTRACTIONS	11	Other additions (identify:)	00	11	00
13	12	Add lines 9, 10 and 11	00	12	00
Net operating loss (return must be filed for loss year(s))	OK	LAHOMA SUBTRACTIONS			
15 Oklahoma depletion (see instructions) 00 15 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 16 00 17 10 10 10 10 10 10	13	Interest on U.S. obligations (see instructions)	00	13	00
Oklahoma capital gain deduction (provide Form 561-NR-F)	14	Net operating loss (return must be filed for loss year(s))		14	00
17 Income distribution deduction (use Oklahoma Schedule K-1; see instructions) 18 Total Oklahoma subtractions (add lines 13 through 17)	15	Oklahoma depletion (see instructions)	00	15	00
Total Oklahoma subtractions (add lines 13 through 17)	16	Oklahoma capital gain deduction (provide Form 561-NR-F)	00	16	00
Oklahoma adjusted gross income - Oklahoma Source (line 12 minus line 18) 19 Oklahoma adjusted gross income - All Sources (line 12 minus line 18)	17	Income distribution deduction (use Oklahoma Schedule K-1; see instructions)	00	17	00
Oklahoma adjusted gross income - All Sources (line 12 minus line 18)	18	Total Oklahoma subtractions (add lines 13 through 17)	00	18	00
Oklahoma Income Percentage (divide line 19 by 19a - enter here and on line 27) (limited to 100%)	19	Oklahoma adjusted gross income - Oklahoma Source (line 12 minus line 18)		19	00
(divide line 19 by 19a - enter here and on line 27) (limited to 100%)	19a	Oklahoma adjusted gross income - All Sources (line 12 minus line 18)	00	19a	
Federal estate tax deduction, charitable income distribution, other deductions. Exemption	20	· ·		20	%
Exemption	21	Interest, taxes, fiduciary fees, attorney, accountant and return preparer fees	00	21	
Total Deductions (add lines 21, 22 and 23)	22	Federal estate tax deduction, charitable income distribution, other deductions.	00	22	
Taxable income of fiduciary (subtract line 24 from line 19a)	23	Exemption	00	23	
Tax on amount on line 25 (from tax table - see instructions) (this is your base tax)	24	Total Deductions (add lines 21, 22 and 23)	00	24	
Oklahoma percentage (enter percentage from line 20)	25	Taxable income of fiduciary (subtract line 24 from line 19a)		25	00
Multiply line 26 by line 27 (this is your Oklahoma state income tax) If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box. If making an Oklahoma installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	26	Tax on amount on line 25 (from tax table - see instructions) (this is your base ta	ax)	26	00
Multiply line 26 by line 27 (this is your Oklahoma state income tax) If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box. If making an Oklahoma installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	27	Oklahoma percentage (enter percentage from line 20)		27	%
28 00 29 Credits: Enter number in box for type of credit. Provide Form 511-CR. (See instructions)		Multiply line 26 by line 27 (this is your Oklahoma state income tax) If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If a Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the second treatment of the second t	recapturing the Oklahoma n the box. If making an	21	
ereale: Ener hamber in sex for type of ordar in evidence in eviden				28	00
30 Balance of tax due (subtract line 29 from line 28, but not less than zero)	29	Credits: Enter number in box for type of credit. Provide Form 511-CR. (See instr	uctions)	29	00
	30	Balance of tax due (subtract line 29 from line 28, but not less than zero)		30	00





Name of Estate or Trust:					Federal Employer Identification Number:			
				m 0.1	int from line 20) an naga ?		00
31	2022 Okla. estimated tax payme	nte		mou	int from line 30	on page 2		00
	prior year overpayment carryforv	ard)	. 31		00		
32	Amount paid with extension requ		. 32		00			
33	Oklahoma Withholding (provide F	1099, 500-B or other withholding statement)	33		00			
34	Refundable Credit from Form 57	8		. 34		00		
35	Amount paid with original return (amended return only)		amount paid after it was filed	. 35		00		
36	Any refunds or overpayment app	lied	(amended return only)	. 36(() 00		
37	Total of lines 31 through 36						37	00
38	If line 37 is larger than line 30, er	nter	amount overpaid (line 37 minus line 30)			38	00
39	Amount of line 38 to be credited	to 2	023 estimated tax (original return only)	39		00		
40 Amount of line 38 to be refunded to you (line 38 minus line 39)						Refund	40	00
de sa Fo	ect to have your refund directly posited into your checking or vings account. or Direct Deposit information, see the second of the 513-NR Packet.		Deposit my refund in my: Che Routing Number: Account Number:	ckinç	g Account	Saving	s Ac	ccount
41	If line 30 is larger than line 37 en	ter t	ax due (line 30 minus line 37)			Tax Due	41	00
42	Underpayment of estimated tax is	nter	est		Annua	alized	42	00
43		•	of 5%\$\$		plus	43	00	
44	Total tax, penalty and interest (add lines 41, 42 and 43)				Ва	lance Due	44	00
If	you have asked for an extension	n fr	om the IRS, place an 'X' here and pro	vide	a copy with this	return		
	If the Tax Commiss	ion	may discuss this return with your tax	k pre	parer, place an 'ì	X' here		Make check payable to the Oklahoma Tax Commission
	1 2 2		nined this return, including accompanying state		*	, ,		
	lete. If prepared by person other than t ure of Fiduciary	ne ta	axpayer, this declaration is based on all inform Date Signat	ure of P		as any knowled	ge.	Date
Printed Name of Fiduciary Fiduciary Email Address			ciary Email Address Printer	Preparer Email Address			· Email Address	
Title o	Title of Fiduciary Phone Number			Numbe	er		Prepa	arer's PTIN



Form 513-NR - page 4 Oklahoma Schedule K-1

Part 2: Beneficiary's Share of Income and Deductions

2022

Fo	r calendar year 2022 or fiscal year beginning		=	nended K-1 nal K-1				
an	d ending	Nonresident						
Na	Name of Estate or Trust							
Bei	neficiary's FEIN/SSN	r Iden	ntification	Number				
Bei	neficiary's Name, Address and ZIP	Fiduciary's Name, Address and ZIP						
IN	COME		FE	DERA	L OKLAHOMA			
1	Interest	1						
2	Dividends	2						
3	Short-term capital gain (or loss)	3						
4	Long-term capital gain (or loss)	4						
5	Other taxable income:							
	a. Annuities, royalties and other nonbusiness income							
	b. Trade or business, rental real estate and other business in							
6	State and municipal interest							
7	U.S. interest	7						
DI	EDUCTIONS							
8	a. Depreciation, depletion, amortization attributable to line 5	a8a						
	b. Depreciation, depletion, amortization attributable to line 5	b8b						
9	Expenses allocable to Federally-exempt income	9						
10 Expenses allocable to Oklahoma-exempt income								
11	Deductions in the final year of trust or decedent's estate:							
	a. Excess deductions on termination	11a						
	b. Net operating loss carryover	11b						
12	Withholding	12						
13	Other:							
	a	13a						
	b	🖯						
	c	40-						
	d	13d						
	e	13e						
	f	13 f						
	g	13g						



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Oklahoma Nonresident Fiduciary Return of Income

Name of Estate or Trust:	Federal Employer Identification Number:
SCHEDULE 513-NR-X: AMENDED RETURN SCHEDULE	
A Did you file an amended Federal income tax return? Yes No	
If yes, provide a copy of the amended Federal return and a copy of "Stateme deposit slip.	nt of Adjustment", IRS refund check or
B Is this return being filed due to a federal audit? Yes No	
If yes, provide a complete copy of the RAR.	
C Explanation or Reason for Amended Return (Provide all necessary schedules	s):
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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 35. Enter any refund previously received or overpayment applied on line 36. Complete the Amended Return Schedule, Schedule 513-NR-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.