

Form 512 Test Scenario 1

Help for All, Inc.

11-0000001

Test Scenario 1 uses the Federal Form 1120 Test Scenario 1.

**Corrections to Balance Sheet -**

Line Reference	Correct Amount	Incorrect Amount
Form 1120, Line 26	229,321,851	229,329,851
Form 1120, Schedule L, Line 10a, Column C	364,364,576	364,364,756

**Modifications Required**

- Change the Federal Employer Identification Number (FEIN) to 11-0000001.
- Modify the Form 1120, Schedule L. Move the amounts from line 18 to line 20.
- Modify the Form 1120, Schedule D & Form 8949 by adding a Long Term Capital Gain from Sale of Oklahoma rental Real Estate. The rental property is located at 3216 Easy Street in Mytown OK. It was purchased on 1/15/04 for 1 million and sold on 12/15/17 for 2 million. Reduce the short-term gain by the same dollar amount so the capital gain net income reported on Form 1120, line 8 does not change.

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

**Binary Attachemnts:** Form 504

**Misc. Additional Information –**

- An election was made to file a combined corporate income and franchise tax return.
- An extension payment of \$1,420,000 was made. Of the \$1,420,000 payment, \$20,000 represents their estimated franchise tax payment and the remainder is for income tax.
- Oklahoma withholding = \$1,000,000. As a nonresident member of a pass-through entity (PTE), Help for All, Inc. received a Form 500-B. The Form 500-B should be part of the e-filed return, either in the XML or as a PDF attachment, to substantiate the withholding claimed on Form 512, line 7.
  - The name of the PTE is Magenta Arts, which is an Oklahoma partnership. The partnership's address is 23 Any Address, Oklahoma City, OK 73195 and its FEIN is 00-0000078. The total amount distributed from Oklahoma sources is \$20,000,000.
- Apply \$80,000 of the overpayment to next year's estimated tax.
- The refund should be by direct deposit into a checking account in an Oklahoma credit union:
  - Routing Number – 303085829
  - Account Number 12345678

Information needed to complete the **Additional Information** section –

- The location of principal accounting records is the same as the address on the return.
- The Internal Revenue Service redetermined the company's 2010 tax liability.
- An Oklahoma amended return was filed for 2010.
- The 2005 statute of limitations was extended by consent.

Help for All, Inc.

11-0000001

- The business name is the same as on the tax return.
- The principal location in Oklahoma is 34 N Broadway, Edmond OK 73034.
- The date business began in Oklahoma was 5/30/1983.

Information needed to complete the **Apportionment Formula, Column A -**

- Depreciable property = 119,229,266
- Payroll = 1,526,834
- Sales shipped to Oklahoma from outside Oklahoma = 244,650

Information needed to complete the **Franchise Tax Worksheet**

- Account Number is FRX-12548761-04
- The option that will be used to determine the apportionment of Oklahoma assets is Option 1.

Information needed to complete **Schedule A: Officer Information -**

President: Roy D Clarke (SSN 400-66-5544)  
 Address: 632 Riverside Dr  
 Anytown, MD 20901  
 Phone: 800-214-3263

Vice President: Buck C. Owens (SSN 366-21-4186)  
 Address: 555 Apple Wayr  
 Anytown, MD 20901  
 Phone: 800-223-4186

Secretary-Treasurer: Edward F. White (SSN 394-86-4113)  
 Address: 4263 Maple Dr  
 Anytown, MD 20901  
 Phone: 800-279-3724

Information needed to complete **Schedule B: General Information -**

- The Oklahoma registered agent: Vera M. Moss  
 924 N Hudson  
 Oklahoma City, OK 73105
- The amount of authorized capital stock or Shares:
  - 25,000 shares of common stock with a par/book value of \$1,000 per share.
  - 61,700 shares of first preferred stock with a par/book value of \$5,000 per share.
- The total capital stock or shares issued and outstanding at the end of the year
  - 17,514 shares of common stock with a par/book value of \$1,000 per share.
  - 61,700 shares of first preferred stock with a par/book value of \$5,000 per share.

Form 512 Test Scenario 1

Help for All, Inc.

11-0000001

Information needed to complete **Schedule D: Details of Current Debt Shown on Balance Sheet** –

Name of Lender	Original Date of Issuance	Maturity Date	Original Amount of Instrument	Balance remaining of amounts payable within 3 years of Date of Issuance
Bank of America	8/1/15	2/1/18	500,000,000	470,000,000
Midfirst Bank	9/15/16	6/15/19	500,000	253,285

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

- Line 9. Building – 120,000,000
- Line 9(a). Less accumulated depreciation – (40,000,000)

**Additional Schedules:**

1. OtherAdditions - Interest Expense Allocation
2. DeductedAllocatedItems - Net Rental Income - Everywhere
3. OKAllocatedItems - See Schedule

**AdditionalSchedule 1** for OtherAdditions (Form 512, Part 2, Line 2d)

**ScheduleName** - Interest Expense Allocation

Investments – Beg of Year	1,170,917,682
Investments – End of Year	1,230,810,633
Average Investment	1,200,864,158
Total Assets – Beg of Year	4,117,170,449
Total Assets – End of Year	3,751,608,959
Average Total Assets	3,934,389,704
Ratio of Investments / Total Assets	30.53%
Interest Expense per Federal Return	2,716,219
Expenses Allocated to Non-Taxable Income	<b>829,262</b>

**AdditionalSchedule 2** for DeductedAllocatedItems (Form 512, Part 2, Line 3b)

**ScheduleName** - Net Rental Income - Everywhere

Gross Rents	265,386
Property Tax	(10,000)
Depreciation	(5,000)
Net Rental Income	<b>250,386</b>

**AdditionalSchedule 3** for OKAllocatedItems (Form 512, Part 2, Line 6a)

**ScheduleName** - See Schedule

Oklahoma Partnership Income	115,854,452
Net Rental Income – Oklahoma	250,386
Oklahoma Capital Gain	1,000,000
Oklahoma Capital Gain Deduction (See Form 561-C)	(1,000,000)
<b>TOTAL</b>	<b>116,104,838</b>



# CORPORATION INCOME AND FRANCHISE TAX RETURN

State of Oklahoma

If this is a final return, place an 'X' here:

For the year January 1 - December 31, 2017, or other taxable year  
beginning:  2017  ending:

**AMENDED RETURN!**  
If this is an Amended Return place an 'X' here   
See Schedule 512-X on page 10.

Name of Corporation: **HELP FOR ALL, INC.**  
Street Address: **31 ANY STREET**  
City, State or Province, Country and ZIP or Foreign Postal Code: **ANYTOWN, MD 20901**

A. Federal Employer Identification Number:   
B. Business Code Number:

State of Incorp  
 Okla  Other

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

Type of Return Filed  
Separate  or Consolidated  (page 3 of instructions)  
Oklahoma  or Federal

**Notice:** Corporations that filed a Form 200-F electing to file a combined corporate income and franchise tax return should:  
• Complete Sections One, Two and Three on pages 1 and 2.  
• Complete the applicable income tax schedules on pages 3-5.  
• Complete the applicable franchise tax schedules on pages 6-9.  
• NOT have remitted the maximum amount of franchise tax for the preceding tax year.  
Corporations filing a stand-alone Oklahoma Annual Franchise Tax Return (Form 200) or who are not required to file a franchise tax return should:  
• Complete Sections One and Three on pages 1 and 2.  
• Complete the applicable income tax schedules on pages 3, 4 and 5.  
• NOT complete the franchise tax portion of the return.

**Notice:** Enter the amount of Oklahoma net operating loss as shown on Part 1, line 29(a) or Part 2, line 6(d) Loss year(s):  \$  .00

## SECTION ONE: INCOME TAX

1	Oklahoma taxable income (as shown on Part 1 or 2, or if consolidated, from Form 512-TI)	1	38,658,838	00
2	Tax: 6% of line 1 (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box)	2	2,319,530	00
3	<b>Less:</b> Other Credits Form (total from Form 511CR) (see instructions)	3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4	2,319,530	00
5	2017 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC)	5		00
6	Amount paid with extension request	6	1,400,000	00
7	Oklahoma withholding (provide Form 1099, 500-A or other withholding statement)	7	1,000,000	00
8	Refundable Credits from Form .....a) <input type="checkbox"/> 577 .....b) <input type="checkbox"/> 578	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9		00
10	Any refunds or overpayment applied (amended return only)	10	(	) 00
11	Total of lines 5 through 10	11	2,400,000	00
12	Overpayment (line 11 minus line 4)	12	80,470	00
13	Tax Due (line 4 minus line 11)	13		00
14	Donation: Support the Oklahoma General Revenue Fund	14		00
15	Underpayment of estimated tax interest Annualized <input type="checkbox"/>	15		00
16	<b>For delinquent payment</b> add penalty of 5% plus 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: **HELP FOR ALL, INC.**

Federal Employer Identification Number: **11-0000001**

**SECTION TWO: FRANCHISE TAX**

Place an "X" here if filing a combined corporate income and franchise tax return and complete Section Two. Corporations filing a Form 200 will skip Section Two and complete Section Three.

To complete lines 18 - 25, use the figures from page 6, lines 12-19 or, if consolidated, use Form 512-FT.

18	Tax.....	18	20,000	00
19	Registered Agents Fee.....	19	100	00
20	Interest.....	20		00
21	Penalty.....	21		00
22	Reinstatement Fee.....	22		00
23	Previous Payment.....	23	( 20,000 )	00
24	Overpayment..... Franchise Tax Overpayment →	24		00
25	Total Due..... Franchise Tax Balance →	25	100	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  80,370 00  
 28 Amount of line 27 to be credited to 2018 estimated income tax (original return only)..... 28  80,000 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 attach 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  80,000 00  
 31 Amount of line 27 to be refunded to you (line 27 minus line 30)..... Refund → 31  370 00

**Direct Deposit Note:**  
 All refunds must be by direct deposit. See Direct Deposit Information on page 12 of the 512 Packet for details.

Is this refund going to or through an account that is located outside of the United States?  Yes  No  
 Deposit my refund in my:  checking account  savings account  
 Routing Number:  303085829 Account Number:  12345678

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here:

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge. **Make check payable to the Oklahoma Tax Commission**

<b>Corporate Seal</b>	Signature of Officer Date	Signature of Preparer Date
	Printed Name of Officer <b>ROGER RABBIT</b>	Printed Name of Preparer <b>JOHNNY APPLESEED</b>
	Title <b>CHIEF EXECUTIVE OFFICER</b>	Phone Number <b>703-555-1515</b>
	Phone Number <b>512-555-1212</b>	Preparer's PTIN



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

Federal Employer Identification Number: **11-0000001**

**PART 1** Part 1, Column B is for corporations whose income is all within Oklahoma and/or for corporations whose income is partly within and partly without Oklahoma (not unitary). Provide a complete copy of your Federal return.

Important: All applicable lines and schedules must be filled in.

**Gross Income (lines 1 through 11)**

	Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1 Gross receipts or gross sales <u>684,525</u> (less: returns and allowances).....	684,525	1
2 Less: Cost of goods sold .....	219,245	2
3 Gross profit (line 1 minus line 2).....	465,280	3
4 Dividends.....		4
5 Interest on obligations of the United States and U.S. Instrumentalities.....		5
6 (a) Other interest .....	8,018,387	6a
(b) Municipal interest .....		6b
7 Gross rents.....	265,386	7
8 Gross royalties.....		8
9 (a) Net capital gains.....	11,802,202	9a
(b) Ordinary gain or [loss].....		9b
10 Other income (provide schedule) .....	375,018,745	10
11 <b>Total income</b> (add lines 3 through 10).....	395,570,000	11

**Deductions (lines 12 through 27)**

12 Compensation of officers.....	1,000,000	12
13 Salaries and wages .....	6,753,221	13
14 Repairs .....	225,729	14
15 Bad debts .....		15
16 Rents .....		16
17 Taxes .....	7,621,914	17
18 Interest.....	2,716,219	18
19 Charitable Contributions .....		19
20 Depreciation .....	8,961,357	20
21 Depletion (see instructions below).....		21
22 Advertising.....		22
23 Pension, profit-sharing plans, etc. ....	25,701	23
24 Employee benefit programs.....	5,149	24
25 Domestic production activities deduction .....		25
26 Other deductions (provide schedule).....	229,321,851	26
27 <b>Total Deductions</b> (add lines 12 through 26).....	256,631,141	27

**Totals (lines 28 through 30)**

28 Taxable income before net operating loss deductions and special deductions.....	138,938,859	28
29 Less: (a) Net operating loss deduction (schedule) .....		29a
(b) Special deductions .....		29b
30 Taxable income (line 28 minus lines 29a & b). Enter Column B on page 1, line 1 .....	138,938,859	30

**Note:** Indicate method used to allocate expenses to Oklahoma and provide schedule of computations.

**OKLAHOMA DEPLETION IN LIEU OF FEDERAL DEPLETION** - Oklahoma depletion on oil and gas may be computed at 22% of gross income derived from each Oklahoma property during the taxable year. Major oil companies, as defined in 52 Oklahoma Statutes Section 288.2, when computing Oklahoma depletion shall be limited to 50% of the net income (computed without the allowance for depletion) from each property. **Depletion schedule by property must be provided with return.**  
**Note: General and administrative expense (computed on basis of Oklahoma direct expense to total direct expense) must be deducted before applying the 50% test.**

**ADDITIONAL INFORMATION**

**Location of Principal Accounting Records**

31 ANY STREET ANYTOWN MD 20901  
 Address City State Zip

Has the Internal Revenue Service redetermined your tax liability for prior years?  Yes  No What years? 2010

Did you file amended returns for the years stated above?  Yes  No  N/A

Has the statute of limitations been extended by consent for any prior years?  Yes  No What years? 2005

Business name HELP FOR ALL, INC Date business began in Oklahoma 5/30/1983

Principal location(s) in Oklahoma 34 N BROADWAY, EDMOND OK 73034

Give name, address and relationship of all affiliated corporations - provide Federal Form 851



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

Federal Employer Identification Number: **11-0000001**

**PART 2** Part 2 is for computation of Oklahoma taxable income of a unitary enterprise. [Section 2358(A)(5)] Provide a complete copy of your Federal return.

1	Net taxable income from Part 1, Column A, line 30.....		1	\$	138,938,859
2	Add: (a) Taxes based on income.....2a	\$ 7,000,000			
	(b) Federal net operating loss deduction .....2b				
	(c) Unallowable deduction (provide schedule).....2c				
	(d) INTEREST EXPENSE ALLOCATION .....2d	829,262			
	(e) .....2e				
	(f) Total of lines 2a through 2e .....		2f	\$	7,829,262
3	Deduct all items separately allocated				
	(a) PARTNERHIP INCOME .....3a	\$ 375,018,745			
	(b) NET RENTAL INCOME - EVERYWHERE .....3b	250,386			
	(c) CAPITAL GAIN .....3c	11,802,202			
	(d) .....3d				
	(e) .....3e				
	(f) Total of lines 3a through 3e .....		3f	\$	387,071,333
(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)					
4	Net apportionable income.....		4	\$	(240,303,212)
5	Oklahoma's portion thereof 31.2632 %, from schedule below .....		5	\$	(75,126,474)
6	Add or deduct items separately allocated to Oklahoma (provide schedule)				
	(a) SEE SCHEDULE .....6a	\$ 116,104,838			
	(b) .....6b				
	(c) .....6c				
	(d) Oklahoma net operating loss deduction.....6d	( )			
7	Oklahoma net income before tax (add lines 5 and 6).....		7	\$	40,978,364
8	Oklahoma accrued tax (see instructions) .....		8	\$	2,319,526
9	Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1) .....		9	\$	38,658,838

**APPORTIONMENT FORMULA**

	Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
1	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).		
	(a) Owned property (at original cost):		
	(i) Inventories .....1ai	85,233	
	(ii) Depreciable property .....1aii	119,229,266	
	(iii) Land.....1aiii		
	(iv) Total of section "a" .....1aiv	119,229,266	
	(b) Rented property (capitalize at 8 times net rental paid) ....1b		
	(c) Total of sections "a" and "b" above.....	\$ 119,229,266	1c 35.7617 %
2	(a) Payroll .....2a	1,526,834	
	(b) Less: Officer salaries.....2b	1,000,000	
	(c) Total (subtract officer salaries from payroll) .....	\$ 1,526,834	2c 22.2878 %
3	Sales:		
	(a) Sales delivered or shipped to Oklahoma purchasers:		
	(i) Shipped from outside Oklahoma .....3ai	244,650	
	(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 all of sections "a" and "b" .....	\$ 244,650	3c 35.7401 %
4	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: .....		
5	Total percent (sum of items 1, 2 and 3) .....		5 93.7896 %
6	Average percent (1/3 of total percent) (Carry to Part 2, line 5).....		6 31.2632 %



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

Federal Employer Identification Number: **11-0000001**

	BEGINNING OF TAXABLE YEAR		END OF TAXABLE YEAR	
	(A) Amount	(B) Total	(C) Amount	(D) Total
1 Cash..... 1		940,348,325		375,724,013
2 Trade notes and accounts receivable ..... 2	1,675,642		115,679,010	
(a) Less allowance for bad debts .....2a	2,000	1,673,642	2,083	115,676,927
3 Inventories ..... 3		75,770		94,676
4 Gov't obligations:				
(a) U.S. and instrumentalities.....4a				
(b) State, subdivision, thereof, etc .....4b				
5 Other current assets (provide schedule)..... 5		6,272,210		5,201,156
6 Loans to shareholders ..... 6				
7 Mortgage and real estate loans ..... 7				
8 Other investments (provide schedule) ..... 8		1,170,917,682		1,230,810,633
9 Buildings and other fixed depreciable assets.. 9	320,264,517		364,364,576	
(a) Less accumulated depreciation .....9a	115,865,855	204,398,662	138,886,967	225,477,609
10 Depletable assets .....10				
(a) Less accumulated depletion .....10a				
11 Land (net of any amortization) ..... 11				
12 Intangible assets (amortization only) .....12	2,050,521,992		2,078,314,078	
(a) Less accumulated amortization .....12a	257,037,784	1,793,484,208	261,690,133	1,816,623,945
13 Other assets (provide schedule) .....13				
14 Total assets .....14		4,117,170,499		3,769,608,959
15 Accounts payable.....15		22,075,720		38,596,725
16 Mtgs-notes-bonds payable in less than 1 yr...16				
17 Other current liabilities (provide schedule)....17				
18 Loans from shareholders .....18				
19 Mtgs-notes-bonds payable in 1 yr. or more...19		829,763,902		470,253,285
20 Other liabilities (provide schedule).....20		962,818,384		1,173,826,771
21 Capital stock: (a) preferred stock.....21a	308,500,000		308,500,000	
(b) common stock.....21b	17,680,774	326,180,774	17,513,891	326,013,891
22 Paid-in capital surplus (provide reconciliation).....22		675,611,707		675,611,707
23 Retained earnings-appropriated (provide sch.) ..23				
24 Retained earnings-unappropriated .....24		1,300,720,012		1,085,306,580
25 Adjustments to shareholders' equity (provide sch.)..25				
26 Less cost of treasury stock .....26		( )		( )
27 Total liabilities and shareholders' equity.....27		4,117,170,499		3,769,608,959

**SCHEDULE OK M-1: RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN**

1 Net income (loss) per books ..... 1		7 Income recorded on books this year not included in this return (provide schedule)	
2 Federal income tax ..... 2		(a) Tax exempt interest \$ _____	
3 Excess of capital losses over capital gains.. 3		(b) Other \$ _____	
4 Taxable income not recorded on books this year (provide schedule) ..... 4		(c) Total of lines 7a and 7b .....7c	
5 Expenses recorded on books this year not deducted in this return (provide schedule)		8 Deductions in this tax return not charged against book income this year (provide schedule)	
(a) Depreciation \$ _____		(a) Depreciation \$ _____	
(b) Depletion \$ _____		(b) Depletion \$ _____	
(c) Other _____		(c) Other _____	
(d) Total of lines 5a, 5b and 5c.....5d		(d) Total of lines 8a, 8b and 8c ..... 8d	
6 Total of lines 1 through 4 and 5d..... 6		9 Total of lines 7c and 8d..... 9	
		10 Net income: line 6 less line 9..... 10	

**SCHEDULE OK M-2: ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (line 24 above)**

1 Balance at beginning of year ..... 1	1,300,720,012	5 Distributions: (a) Cash ..... 5a	1,204,763,902
2 Net income (loss) per books ..... 2	67,250,945	(b) Stock..... 5b	
3 Other increases (provide schedule)		(c) Property .....5c	
MISCELLANEOUS OTHER INCREASES		6 Other decreases (provide schedule)	
_____ 3	1,804,817,786	_____ 6	882,718,261
4 Total of lines 1, 2 and 3..... 4	3,172,788,743	7 Total of lines 5 and 6 ..... 7	2,087,482,163
		8 Balance at end of year (line 4 less line 7) .... 8	1,085,306,580





# FRANCHISE TAX WORKSHEET

A. Taxpayer FEIN <p style="text-align: center; margin: 0;">11-0000001</p>	B. Account Number <p style="text-align: center; margin: 0;">FRX-12548761-04</p>
-OFFICE USE ONLY-	

C. Mailing Address Change

Name <p style="margin: 0;">HELP FOR ALL, INC.</p>
Address <p style="margin: 0;">31 ANY STREET</p>
City, State or Province, Country and Postal Code <p style="margin: 0;">ANYTOWN, MD 20901</p>

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

D. Balance Sheet Date (MM/DD/YY) 12/31/17
--

	DOLLARS	CENTS
1. Total Net Assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)..... 1	80,000,000	00
2. Total Net Assets (Franchise Tax Balance Sheet: Line 15, Column A) If all assets are in Oklahoma, enter "0" ..... 2	3,769,608,959	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	508,850,010	00
4. Capital Employed in Oklahoma (line 1 minus line 3) <b>Round to next highest \$1000. 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	244,650	00
6. Total Value of Assets and Business Done in Oklahoma (Total of lines 1 and 5) ..... 6	80,244,650	00
7. Total Gross Business Done by Corporation (Franchise Tax Balance Sheet: Line 33) ..... 7	684,525	00
8. Total Value of Assets and Business Done (Total of lines 2 and 7)..... 8	3,770,293,484	00
9. Percentage of Oklahoma Assets (See instructions) Check appropriate Box: <input checked="" type="checkbox"/> Option1 <input type="checkbox"/> Option 2 ..... 9	2.1283	%
10. Value of Capital Subject to Apportionment (Line 2 minus line 3)..... 10	3,260,758,949	00
11. Capital Apportioned to Oklahoma (Line 10 multiplied by line 9) Round to the next highest \$1000 ..... 11	69,399,000	00
12. Tax (See instructions) (If less than \$250, enter 0)..... 12 =	20,000	00
13. Registered Agents Fee (\$100.00 - See instructions)..... 13 +	100	00
14. Interest ..... 14 +		
15. Penalty ..... 15 +		
16. Reinstatement Fee (\$150.00 - See instructions)..... 16 +		00
17. Previous Payment ..... 17 -	20,000	00
18. Overpayment..... 18 =		
19. <b>Total Due</b> ..... 19 =	100	00



## FRANCHISE TAX SCHEDULE A: CURRENT OFFICER INFORMATION

**NOTE: Inclusion of Officers Is Mandatory.**

Taxpayer Name <b>HELP FOR ALL, INC.</b>	FEIN <b>11-0000001</b>	Account Number <b>FRX-12548761-04</b>
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CORPORATE OFFICERS EFFECTIVE AS OF 12/31/17 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) <b>ROY D. CLARKE</b>	Social Security Number <b>400-66-5544</b>
Home Address (street and number) <b>632 RIVERSIDE DR</b>	Daytime Phone (area code and number) <b>800-214-3263</b>
City, State or Province, Country and Postal Code <b>ANYTOWN, MD 20901</b>	Title <b>PRESIDENT</b>
2. Name (First, MI, Last) <b>BUCK C. OWENS</b>	Social Security Number <b>366-21-4186</b>
Home Address (street and number) <b>555 APPLE WAY</b>	Daytime Phone (area code and number) <b>800-223-4186</b>
City, State or Province, Country and Postal Code <b>ANYTOWN, MD 20901</b>	Title <b>VICE-PRESIDENT</b>
3. Name (First, MI, Last) <b>EDWARD F. WHITE</b>	Social Security Number <b>394-86-4113</b>
Home Address (street and number) <b>4263 MAPLE DR</b>	Daytime Phone (area code and number) <b>800-279-3724</b>
City, State or Province, Country and Postal Code <b>ANYTOWN, MD 20901</b>	Title <b>SECRETARY-TREASURER</b>
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 SCHEDULES B, C AND D

Taxpayer Name <b>HELP FOR ALL, INC.</b>	FEIN <b>11-0000001</b>
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This page contains Schedules B, C, and D for the completion of the Oklahoma Annual Franchise Tax Return. Provide additional pages if further space is needed on Schedules C and D.

## SCHEDULE B GENERAL INFORMATION (TO BE COMPLETED IN DETAIL)

If the business is not a "corporation," list the type of business structure, the date of formation, and county in which filed. \_\_\_\_\_

Name and address of Oklahoma "registered agent" \_\_\_\_\_  
**VERA M. MOSS, 924 N HUDSON, OKLAHOMA CITY OK 73105**

Name of parent company if applicable: \_\_\_\_\_ FEIN: \_\_\_\_\_

Percent of outstanding stock owned by the parent company, if applicable: \_\_\_\_\_ %

In detail, please list the nature of business: **TEXTILE**

• Amount of authorized capital stock or shares:

(a) Common: <u>25,000</u> shares, par/book value of each share	\$	<u>1,000</u>	\$	<u>25,000,000</u>
(b) First Preferred: <u>61,700</u> shares, par/book value of each share	\$	<u>5,000</u>	\$	<u>308,500,000</u>

• Total capital stock or shares issued and outstanding at the end of fiscal year:

(a) Common: <u>17,514</u> shares, par/book value of each share	\$	<u>1,000</u>	\$	<u>17,514,000</u>
(b) First Preferred: <u>61,700</u> shares, par/book value of each share	\$	<u>5,000</u>	\$	<u>308,500,000</u>

## SCHEDULE C RELATED COMPANIES: SUBSIDIARIES AND AFFILIATES

• **SUBSIDIARIES** (Companies in which you own 15 percent or more of the outstanding stock)

Name of Subsidiary	FEIN	Percentage Owned (%)	Financial Investment (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

• **AFFILIATES** (Companies related other than by direct stock ownership)

Name of Affiliate	FEIN	How related?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SCHEDULE D DETAILS OF CURRENT DEBT SHOWN ON BALANCE SHEET

Name of Lender	Original Date of Issuance	Maturity Date	Original Amount of Instrument	Balance remaining of amounts payable within 3 years of Date of Issuance
<b>BANK OF AMERICA</b>	<b>8/1/15</b>	<b>2/1/18</b>	<b>500,000,000</b>	<b>470,000,000</b>
<b>MIDFIRST BANK</b>	<b>9/15/16</b>	<b>6/15/19</b>	<b>500,000</b>	<b>253,285</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



# FRANCHISE TAX BALANCE SHEET

## SCHEDULE E

Taxpayer Name <b>HELP FOR ALL, INC.</b>	FEIN <b>11-0000001</b>	As of the Last Income Tax Year Ended: (MM/DD/YY) <b>12/31/17</b>
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

	COLUMN A	COLUMN B	LIABILITIES AND STOCKHOLDERS' EQUITY	COLUMN C
<b>ASSETS</b>	Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.	Total in Oklahoma as per Books of Account.		Total Everywhere as per Books of Account.
1. Cash .....	375,724,013		19. Accounts payable .....	38,596,725
2. Notes and accounts receivable	115,676,927		20. Accrued payables .....	
3. Inventories .....	94,676		21. Indebtedness payable three years or less after issuance (see schedule D) .....	470,253,285
4. Government obligations and other bonds .....			22. Other current liabilities .....	
5. Other current assets (please provide schedule) .....	5,201,156		23. <b>Total Current Liabilities</b> .....	<b>508,850,010</b> (Lines: 19-22)
6. <b>Total Current Assets</b> (add lines 1A-5A and 1B-5B) .....	<b>496,696,772</b>		24. Inter-company payables (a) To parent company .....	
7. Mortgage and real estate loans			(b) To subsidiary company .....	
8. Other investments (please provide schedule) .....	1,230,810,633		(c) To affiliated company .....	
9. (a) Building .....	364,364,576	120,000,000	25. Indebtedness maturing and payable in more than three years from the date of issu- ance .....	
(b) Less accumulated depreciation .....	138,886,967	40,000,000	26. Loans from stockholders not payable within three years .....	
10. (a) Fixed depreciable assets			27. Other liabilities .....	1,173,826,771
(b) Less accumulated depreciation .....			28. Capital Stock (a) Preferred stock .....	308,500,000
11. (a) Depletable assets .....			(b) Common Stock .....	17,513,891
(b) Less accumulated depletion .....			29. Paid-in or capital surplus (provide reconciliation) .....	675,611,707
12. Land .....			30. Retained earnings .....	1,085,306,580
13. (a) Intangible assets .....	2,078,314,078		31. Other capital accounts .....	
(b) Less accumulated amortization .....	261,690,133		32. <b>Total Liabilities and Stockholders' Equity</b> .....	<b>3,769,608,959</b> (Lines: 23-31)
14. Other assets .....			33. <b>Total gross business done everywhere (sales and service)</b> .....	<b>684,525</b> (from income tax return)
15. <b>Net Assets</b> .....	<b>3,769,608,959</b>	<b>80,000,000</b>	34. <b>Total gross business done in Oklahoma (sales and service)</b> .....	<b>244,650</b> (from income tax return)
(Lines: 6-14)				
16. Inter-company receivables:				
(a) From parent company .....				
(b) From subsidiary company				
(c) From affiliated company				
17. Bank holding company stock in subsidiary bank .....				
18. <b>TOTAL ASSETS</b> .....	<b>3,769,608,959</b>	<b>80,000,000</b>		
(Lines: 15-17)				

State of Oklahoma  
**OKLAHOMA CAPITAL GAIN DEDUCTION**  
**FOR CORPORATIONS FILING FORM 512**



FORM **561C** 2017

(Qualifying Assets Held for the Applicable 3 or 5 Year Period)

Name as Shown on Return HELP FOR ALL, INC	Federal Employer Identification Number 11 000001
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1. List qualifying Oklahoma capital gains and losses, not included on lines 2 through 4 below.

A1. Description of Property	B. Date Acquired (mm/dd/yy)	C. Date Sold or Disposed (mm/dd/yy)	D. Proceeds (Sales Price)	E. Cost or Other Basis Minus Adjustments to Gain or Loss	F. Gain or (loss) Allocated/ Apportioned to Oklahoma
A2) OKLAHOMA LOCATION/ADDRESS OR FEDERAL ID NUMBER					
A1) RENTAL PROPERTY					
A2) 3216 EASY STREET MYTOWN OK	01/14/04	12/15/17	2,000,000	1,000,000	1,000,000
A1)					
A2)					
A1)					
A2)					
A1)					
A2)					

2. Qualifying Oklahoma net capital gain from sale of business property reported on Federal Schedule D, line 11. Provide Federal Form 4797 .....	2	
3. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 12. Provide Federal Form 6252 .....	3	
4. Qualifying Oklahoma net capital gain or (loss) from like-kind exchanges reported on Federal Schedule D, line 13. Provide Federal Form 8824.....	4	
5. Add amounts in column F on line 1 and lines 2 through 4.....	5	1,000,000
6. Qualifying Oklahoma capital loss carryover reported on Federal Schedule D, line 6 (See instructions).....	6	
7. Qualifying Oklahoma net capital gain. Subtract line 6 from line 5. (If zero or less, enter "0") .....	7	1,000,000
8. Net capital gain apportioned and allocated to Oklahoma .....	8	1,000,000
9. <b>Oklahoma Capital Gain Deduction.</b> Enter the smaller of lines 7 or 8 here and on Form 512, Part 1, column B, line 26 or on Part 2, line 6. (Do not enter less than zero) .....	9	1,000,000

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

State of Oklahoma  
**INFORMATION RETURN**  
**REPORT OF NONRESIDENT MEMBER INCOME TAX WITHHELD**



FORM **500-B**

Revised 2013

Tax Year End Date of Partnership, S Corporation, LLC or Trust 12/31/2017

PART A: PASS-THROUGH ENTITY INFORMATION		
Name of Pass-Through Entity: <b>MEGENTA ARTS</b>		
Type of Ownership: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Federal Identification Number: <b>00-0000078</b>		
Street Address: <b>23 ANY ADDRESS</b>		
City	State	ZIP
<b>OKLAHOMA CITY</b>	<b>OK</b>	<b>73195</b>

PART B: NONRESIDENT MEMBER INFORMATION		
Name: <b>HELP FOR ALL, INC</b>		
Type of Taxpayer: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) _____		
Social Security Number or Federal Identification Number of Member: <b>11-0000001</b>		
Street Address: <b>31 ANY STREET</b>		
City	State	ZIP
<b>ANYTOWN</b>	<b>MD</b>	<b>20901</b>

PART C: DISTRIBUTION AND WITHHOLDING	
Total Amounts Distributed from Oklahoma Sources: <b>\$20,000,000</b>	Oklahoma Income Tax Withheld: <b>\$1,000,000</b>

The nonresident member must enclose Form 500-B with their Oklahoma income tax return to substantiate the withholding.

**ITE**

**APPLICATION FOR EXTENSION  
OF TIME TO FILE AN OKLAHOMA INCOME TAX RETURN  
FOR CORPORATIONS, PARTNERSHIPS AND FIDUCIARIES**



FORM **504-C** 2017

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

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

Corporate, Partnership, or Fiduciary Name <b>HELP FOR ALL, INC</b>	Federal Employer Identification Number: <b>110000001</b>
Mailing address (number and street) <b>35 ANY STREET</b>	CHECK THE FORM TYPE FOR THE RETURN THIS APPLICATION IS FOR: <input checked="" type="checkbox"/> Form 512 <input type="checkbox"/> Form 513 <input type="checkbox"/> Form 512-E <input type="checkbox"/> Form 512-S <input type="checkbox"/> Form 513NR <input type="checkbox"/> Form 514
City, State and ZIP <b>ANYTOWN, MD 20901</b>	

**IMPORTANT: EXTENSION IS VALID ONLY IF 90% OF THE TAX LIABILITY IS PAID BY THE ORIGINAL DUE DATE.**

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

**Extension of Time to File** with the Okla. Tax Commission is requested to: **DATE** 12/15/18

If requesting an extension of time to file beyond the date of the federal extension, state the reason here:  
Additional time is need to gather information for Franchise Tax

**OKLAHOMA INCOME TAX COMPUTATION**

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

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

Signature of Officer, Partner, Member or Fiduciary \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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