

Form 512-S Test Scenario 3

Tree Fixr Upper, Inc.

11-0000009

Test Scenario 3 uses the Federal Form 1120S Test Scenario 7.

Deviations from Test Package Federal form 1120S:

- 1120S, page 1: Change the Federal Employer Identification Number to 11-0000009.
- 1120S, page 1: Change the corporation's City, State and Zip to:
Oklahoma City OK 73110
- 1120S – Schedule K: Number of Shareholders changed from one to three.

Shareholder Information:

	<u>Name & Address</u>	<u>SSN</u>	<u>Shareholder's %</u>
1.	Rose B Trim 57 Any Street Anytown PA 17201	514-06-0014	40%
2.	Bobby Sue 98 Backstreet Hot Springs AR 71901	514-06-0015	30%
3.	Billy Bob Trim 78 Boo Street Shawnee OK 73132	514-06-0016	30%

Form Required: 512-S

Binary Attachments: Form 504, Signed Form 512-SA for Rose B Trim. (Scanned Form 512-SA must contain a hand-written signature)

Misc. Additional Information –

- An election was made to file a combined corporate income and franchise tax return.
- The area code for the corporation's phone number is 405.
- Incorporated under the laws of – Oklahoma.
- An extension payment of \$11,000 was made. Of the \$11,000 payment, \$8,000 represents their estimated franchise tax payment and the remainder is for income tax.
- The interest income is reported as 'other interest income' in Part 3.
- The partnership loss was not from a partnership doing business in Oklahoma.
- No underpayment of estimated interest (Form OW-8-P) is due. The prior year's tax liability was zero.

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Tree Fixr Upper, Inc.

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

- Inventories – 26,276,810
- Depreciable property = 12,762,589
- Rented property (capitalized) = 21,732,126
- Payroll = 77,631,482
- Officer’s salaries = 4,575,125
- Sales shipped to Oklahoma from within Oklahoma = 336,891,527
- Sales shipped from Oklahoma to purchasers where the corporation is not taxable = 76,832,961

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

- The location of principal accounting records is the paid preparers address.
- The Internal Revenue Service has not redetermined the company’s tax liability for any prior year.
- The statute of limitations was not extended by consent for any prior year.
- The business name is the same as on the tax return.
- The principal location in Oklahoma is the same as on the tax return.
- The date business began in Oklahoma was 11/19/1957.

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

- Account Number is FRX-10012267-03
- The option that will be used to determine the apportionment of Oklahoma assets is Option 2.

Information needed to complete **Schedule A: Current Officer Information** –

- The shareholders are the officers. Rose B Trim is the President, Bobby Sue the Vice President and Billy Bob Trim the Secretary/Treasurer.

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

- The Oklahoma registered agent: Vernon B. Farmer
9123 N Hudson
Oklahoma City, OK 73126
- The amount of authorized capital stock or Shares:
 - 10,000 shares of common stock with a par/book value of \$1,000 per share.
- The total capital stock or shares issued and outstanding at the end of the year
 - 8,420 shares of common stock with a par/book value of \$1,000 per share.

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
Citibank	9/1/15	4/1/18	1,500,000	500,000

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

- Line 3. Inventories – 27,500,400
- Line 9. Building – 14,940,000
- Line 9(a). Less accumulated depreciation – 3,400,000
-

Information needed to complete **Schedule E: Balance Sheet, lines 21 & 25** –

- Line 21 – Indebtedness payable three years or less after issuance = \$500,000
- Line 25 – Indebtedness maturing and payable in more than three years from the date of issuance = \$18,300,000

Additional Schedule: UnallowableDeductionAddSch (Form 512S, Part 4, Line 2b)

ScheduleName - Unallowable Deduction

Charitable contributions	500,000
TOTAL	500,000

OKLAHOMA SMALL BUSINESS CORPORATION INCOME AND FRANCHISE TAX RETURN

Form 512-S
2017



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

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

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

Corporate Name:
TREE FIXR UPPER, INC

Street Address:
39 ANY STREET

City, State or Province, Country and ZIP or Foreign Postal Code:
OKLAHOMA CITY OK 73110

Federal Employer Identification Number: **11-0000009** Business Code Number: **541320**

Date of Incorporation: **11/19/1957** Under the Laws of: **OKLAHOMA** If this is a final return, place an 'X' here:

Type of Business:
ARCHITECTURE

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.

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

1a	Nonresident share of income from Page 5, Part 5, line 14.....1a	<input type="text" value="60,677"/>	<input type="text" value="00"/>	
1b	Nonresident share of deductions (see instructions)1b		<input type="text" value="00"/>	
1	Nonresident share of taxable income (line 1a minus line 1b).....1			<input type="text" value="60,677"/>
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	<input type="text"/>		<input type="text" value="3,641"/>
3	Other Credits Form (see instructions) (provide Form 511CR).....3	<input type="text"/>		<input type="text" value="00"/>
4	Balance of tax due (line 2 minus line 3, but not less than zero)4			<input type="text" value="3,641"/>
5	2017 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC) 5		<input type="text" value="00"/>	
6	Amount paid with extension request 6	<input type="text" value="3,000"/>	<input type="text" value="00"/>	
7	Okl. withholding (provide Form 1099, 500-A, 500-B or other withholding statement) 7		<input type="text" value="00"/>	
8	Refundable Credits from Forma) <input type="checkbox"/> 577..... b) <input type="checkbox"/> 578 8		<input type="text" value="00"/>	
9	Amount paid with original return and amount paid after it was filed (amended return only)9		<input type="text" value="00"/>	
10	Any refunds or overpayment applied (amended return only)..... 10	<input "="" type="text" value="("/>	<input type="text" value=")00"/>	
11	Total of lines 5 through 10 11			<input type="text" value="3,000"/>
12	Overpayment (line 11 minus line 4)..... Overpayment → 12			<input type="text" value="00"/>

13	Tax Due (line 4 minus line 11) Income Tax Due → 13	<input type="text" value="641"/>	<input type="text" value="00"/>
14	Donation: Support the Oklahoma General Revenue Fund..... 14		<input type="text" value="00"/>
15	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/> 15		<input type="text" value="00"/>
16	For delinquent payment add penalty of 5%..... \$ _____ plus interest of 1.25% per month \$ _____ 16		<input type="text" value="00"/>
17	Total tax, penalty and interest (add lines 13 - 16) Income Tax Balance Due → 17	<input type="text" value="641"/>	<input type="text" value="00"/>

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



Name shown on Form 512-S: **TREE FIXR UPPER, INC**

Federal Employer Identification Number: **11-0000009**

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

To complete lines 18 - 25, use the figures from page 6, lines 12-19.

18	Tax.....	18	7,584	00
19	Registered Agents Fee.....	19		00
20	Interest.....	20		00
21	Penalty.....	21		00
22	Reinstatement Fee.....	22		00
23	Previous Payment.....	23	(8,000)	00
24	Overpayment.....Franchise Tax Overpayment →	24	416	00
25	Total Due..... Franchise Tax Balance →	25		00

SECTION THREE: TOTAL

All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 26. If there is a net overpayment, complete lines 27-31.

Balance Due

26 Total Balance Due..... Balance Due → 26

Overpayment

27 Total Overpayment..... 27
 28 Amount of line 27 to be credited to 2018 estimated income tax (original return only)..... 28

Line 29 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the line 29 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and provide a schedule showing how you would like your donation split.

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

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

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

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

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

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

Corporate Seal	Signature of Officer Date		Signature of Preparer Date	
	Printed Name of Officer TALBERT OAKS		Printed Name of Preparer JOHNNY APPLESEED	
	Title OFFICER	Phone Number 405-555-1212	Phone Number 512-555-1212	Preparer's PTIN P66666666



Name shown on Form 512-S: **TREE FIXR UPPER, INC**

Federal Employer Identification Number: **11-0000009**

PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS

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

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	a. Gross receipts or sales	\$ 1,900,670,400	00
	b. Minus returns and allowances		00
2	Cost of goods sold and/or operations	1,860,100,750	00
3	Gross profit (subtract line 2 from line 1)	40,569,650	00
4	Net gain (loss) (Form 4797 Part II, line 17)		00
5	Other income (loss) (provide schedule).....	420,200	00
6	Total income (loss) (add lines 3 through 5).....	40,989,850	00
7	Compensation of officers.....	8,500,400	00
8	Salaries and wages	6,372,055	00
9	Repairs and maintenance.....	500,101	00
10	Bad debts		00
11	Rent	6,650,188	00
12	Taxes and licenses	13,980,990	00
13	Interest.....	120,100	00
14	Depreciation	26,234	00
15	Depletion (do not deduct oil and gas depletion)		00
16	Advertising.....	890,700	00
17	Pension, profit-sharing, etc. plans	1,300,000	00
18	Employee benefit programs.....		00
19	Other deductions (provide schedule)	20,140,029	00
20	Total deductions (add lines 7 through 19)	58,480,797	00
21	Ordinary Income (Loss) from trade or business: Subtract line 20 from line 6. Enter here and below on Part 3, line 1	(17,490,947)	00

PART 3: SHAREHOLDERS' PRO RATA SHARE ITEMS

Income (lines 1 through 11)

		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	Ordinary income (loss) from trade or business (from above on Part 2, line 21)	(17,490,947)	00
2	Net income (loss) from rental real estate activity(ies) (provide schedule).....		00
3	Net income (loss) from other rental activity(ies) (provide schedule).....		00
4	Interest income		
	a: Interest on loans, notes, mortgages, bonds, etc.		00
	b: Interest on obligations of a state or political subdivision		00
	c: Interest on obligations of the United States		00
	d: Other interest income.....	2,500,000	00
5	Dividend income.....	2,480,000	00
6	Royalties.....		00
7	Net short-term capital gain (loss) (Schedule D, 1120-S)		00
8	Net long-term capital gain (loss) (Schedule D, 1120-S)		00
9	Net gain (loss) under Section 1231 (other than due to casualty or theft)		00
10	Other (provide schedule).....		00
11	Total income (add lines 1 through 10).....	(12,510,947)	00

Deductions (lines 12 through 17)

12	Section 179 deduction (provide schedule)		00
13	Contributions	500,000	00
14	Deductions related to portfolio income	340	00
15	Intangible drilling costs		00
16	Other deductions authorized by law (provide schedule).....	320,210	00
17	Total Deductions (add lines 12 through 16).....	820,550	00

Total (line 18)

18	Net distributable income (line 11 minus line 17)	(13,331,497)	00
			202,255 00

If Federal and Oklahoma distributable net incomes are the same, please see instructions on page 5 of packet.



Name shown on Form 512-S: **TREE FIXR UPPER, INC**

Federal Employer Identification Number: **11-0000009**

PART 4: COMPUTATION OF OKLAHOMA TAXABLE INCOME OF A UNITARY ENTERPRISE WHOSE INCOME IS PARTLY WITHIN AND PARTLY WITHOUT OKLAHOMA

1	Net distributable income from Page 3, Part 3, Column A, line 18.....		1	(13,331,497)
2	Add: (a) Taxes based on income	2a		
	(b) Unallowable deduction (provide schedule)	2b	500,000	
	(c) Other income (provide schedule).....	2c		
	(d) Total of lines 2a through 2c.....	2d	500,000	
3	Deduct all items separately allocated:			
	(a) Interest on obligations of the United States.....	3a		
	(b) <u>DIVIDEND AND INTEREST INCOME</u>	3b	4,980,000	
	(c) <u>PARTNERSHIP LOSS</u>	3c	(320,210)	
	(d) Total of lines 3a through 3c.....	3d	4,659,790	
	(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	(17,491,287)
5	Oklahoma's portion thereof <u>27.3150</u> %, from schedule below		5	(4,777,745)
6	Add items separately allocated to Oklahoma:			
	(a) <u>DIVIDEND INCOME</u>	6a	2,480,000	
	(b) <u>INTEREST INCOME</u>	6b	2,500,000	
	(c)	6c		
	(d)	6d		
	(e) Total of lines 6a through 6d	6e	4,980,000	
7	Oklahoma net distributable income (add lines 5 and 6e; enter here and on Page 3, Part 3, Column B, line 18) ...		7	202,255

APPORTIONMENT FORMULA

	Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma	
1	Value of real and tangible personal property used in the unitary business (by averaging the values at the beginning and ending of the tax period).			
	(a) Owned property (at original cost):			
	(i) Inventories	1ai	26,276,810	
	(ii) Depreciable property.....	1aii	12,762,589	
	(iii) Land.....	1aiii	1,100,450	
	(iv) Total of section "a"	1aiv	39,039,399	
	(b) Rented property (capitalize at 8 times net rental paid)..	1b	21,732,126	
	(c) Total of sections "a" and "b" above	1c	\$ 60,771,525	
2	(a) Payroll	2a	77,631,482	
	(b) Less: Officer's salaries	2b	4,575,125	
	(c) Total (subtract officer's salaries from payroll).....	2c	\$ 73,056,357	
3	Sales :			
	(a) Sales delivered or shipped to Oklahoma purchasers:			
	(i) Shipped from outside Oklahoma.....	3ai		
	(ii) Shipped from within Oklahoma.....	3aii	336,891,527	
	(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	76,832,961	
	(c) Total of sections "a" and "b".....	3c	\$ 413,724,488	
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	81.9451 %
6	Average percent (1/3 of total percent) (Carry to Part 4, line 5 above).....		6	27.3150 %

Note: Provide a complete copy of your Federal return.



Name shown on Form 512-S: **TREE FIXR UPPER, INC**

Federal Employer Identification Number: **11-0000009**

PART 5: SHAREHOLDERS' PRO RATA SHARE OF INCOME

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

	SHAREHOLDER 1	SHAREHOLDER 2	SHAREHOLDER 3
1 Name and address of each shareholder	Name: ROSE B TRIM	BOBBY SUE	BILLY BOB TRIM
	Address: 57 ANY STREET	98 BACKSTREET	78 BOO STREET
	City, State, ZIP: ANYTOWN, PA 17201	HOT SPRINGS AR 71901	SHAWNEE OK 73132
2 SSN or FEIN	514-06-0014	514-06-0015	514-06-0016
3 Ownership Percentage	40%	30%	30%
4 Distributable Federal Income (Part 3, Column A, line 18 times Part 5 line 3)	(5,332,599)	(3,999,449)	(3,999,449)
5 Distributable Oklahoma Income (Part 3, Column B, line 18 times Part 5 line 3**)	80,902	60,677	60,676
6 Oil and Gas Depletion (Federal)			
7 Oil and Gas Depletion (Oklahoma)			
8 Amount of Credit			
9 Type of Credit			
10 Amount of Withholding			
11 Type of Withholding			

NONRESIDENT SHAREHOLDER

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

TOTAL: NONRESIDENT SHARE OF INCOME TO TAX

14 Add amounts shown in line 13 above for all Shareholders, and if applicable, from Form 512-S-SUP. Enter here and on Page 1, Part 1, line 1a.....\$	60,677
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**NOTE: The amount shown in Part 3, Column B, line 18, Oklahoma net distributable income, may not be the amount to be entered on the shareholder's Oklahoma income tax return. This amount includes all allowable shareholder's income, losses, and deductions. Some of these items may be limited on the Federal return. If these items are allowed in full or part on your Federal income tax return, they will be allowed to the same extent on your Oklahoma return.

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

NOTE: PROVIDE A COMPLETE COPY OF YOUR FEDERAL RETURN.

PART 6: ADDITIONAL INFORMATION

Location of Principal Accounting Records
 100 EFILE DRIVE ANYTOWN OK 78621
 Address City State Zip

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

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

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

Business name TREE FIXR UPPER, INC Date business began in Oklahoma 11/19/1957

Principal location(s) in Oklahoma 39 ANY STREET, OKLAHOMA CITY OK 73110

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



FRANCHISE TAX WORKSHEET

A. Taxpayer FEIN 11-0000009	B. Account Number FRX-10012267-03
-OFFICE USE ONLY-	

C. Mailing Address Change

Name TREE FIXR UPPER, INC
Address 39 ANY STREET
City, State or Province, Country and Postal Code OKLAHOMA CITY OK 73110

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

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

1. Total Net Assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)..... 1
2. Total Net Assets (Franchise Tax Balance Sheet: Line 15, Column A)
If all assets are in Oklahoma, enter "0" 2
3. Total Current Liabilities (Franchise Tax Balance Sheet: Line 23)
If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11 3
4. Capital Employed in Oklahoma (line 1 minus line 3)
Round to next highest \$1000. If line 4 is completed, skip to line 12 4
5. Total Gross Business Done by Corporation in Oklahoma
(Franchise Tax Balance Sheet: Line 34) 5
6. Total Value of Assets and Business Done in Oklahoma (Total of lines 1 and 5) 6
7. Total Gross Business Done by Corporation (Franchise Tax Balance Sheet: Line 33) 7
8. Total Value of Assets and Business Done (Total of lines 2 and 7)..... 8
9. Percentage of Oklahoma Assets (See instructions)
Check appropriate Box: Option1 Option 2 9
10. Value of Capital Subject to Apportionment (Line 2 minus line 3)..... 10
11. Capital Apportioned to Oklahoma (Line 10 multiplied by line 9)
Round to the next highest \$1000 11

DOLLARS	CENTS
39,040,400	00
560,500,183	00
473,410,279	00
	00
336,891,527	00
375,931,927	00
1,900,670,400	00
2,461,170,583	00
6.9653	%
87,089,904	00
6,067,000	00

12. Tax (See instructions) (If less than \$250, enter 0)..... 12 =
13. Registered Agents Fee (\$100.00 - See instructions)..... 13 +
14. Interest 14 +
15. Penalty 15 +
16. Reinstatement Fee (\$150.00 - See instructions)..... 16 +
17. Previous Payment 17 -
18. Overpayment..... 18 =
19. **Total Due** 19 =

DOLLARS	CENTS
7,583	75
	00
	00
8,000	00
416	25



FRANCHISE TAX
SCHEDULE A: CURRENT OFFICER INFORMATION

NOTE: Inclusion of Officers Is Mandatory.

Taxpayer Name TREE FIXR UPPER, INC	FEIN 11-0000009	Account Number FRX-10012267-03
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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) ROSE B. TRIM	Social Security Number 514-06-0014
Home Address (street and number) 57 ANY STREET	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code ANYTOWN PA 17201	Title PRESIDENT
2. Name (First, MI, Last) BOBBY SUE	Social Security Number 514-06-0015
Home Address (street and number) 98 BACKSTREET	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code HOT SPRINGS AR 71901	Title VICE PRESIDENT
3. Name (First, MI, Last) BILLY BOB TRIM	Social Security Number 514-06-0016
Home Address (street and number) 78 BOO STREET	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code SHAWNEE OK 73132	Title SECRETARY/TREASURER
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 TREE FIXR UPPER, INC	FEIN 11-0000009
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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" _____
VERNON B FARMER, 123 N HUDSON, OKLAHOMA CITY OK 73126

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: **ARCHITECTURE**

• Amount of authorized capital stock or shares:

(a) Common: <u>10,000</u> shares, par/book value of each share	\$ <u>1,000</u>	\$ <u>10,000,000</u>
(b) First Preferred: _____ shares, par/book value of each share	\$ _____	\$ _____

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

(a) Common: <u>8,420</u> shares, par/book value of each share	\$ <u>1,000</u>	\$ <u>8,420,000</u>
(b) First Preferred: _____ shares, par/book value of each share	\$ _____	\$ _____

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
CITIBANK	09/01/15	04/01/18	1,500,000	500,000
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



FRANCHISE TAX BALANCE SHEET

SCHEDULE E

Taxpayer Name TREE FIXR UPPER, INC	FEIN 11-0000009	As of the Last Income Tax Year Ended: (MM/DD/YY) 12/31/17
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

	COLUMN A <small>Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.</small>	COLUMN B <small>Total in Oklahoma as per Books of Account.</small>		COLUMN C <small>Total Everywhere as per Books of Account.</small>
ASSETS			LIABILITIES AND STOCKHOLDERS' EQUITY	
1. Cash	125,954,114		19. Accounts payable	449,809,280
2. Notes and accounts receivable	310,294,485		20. Accrued payables	
3. Inventories	91,180,300	27,500,400	21. Indebtedness payable three years or less after issuance (see schedule D)	500,000
4. Government obligations and other bonds			22. Other current liabilities	23,100,999
5. Other current assets (please provide schedule)	2,300,000		23. Total Current Liabilities	473,410,279 (Lines: 19-22)
6. Total Current Assets (add lines 1A-5A and 1B-5B)	529,728,899	27,500,400	24. Inter-company payables (a) To parent company	
7. Mortgage and real estate loans			(b) To subsidiary company	
8. Other investments (please provide schedule)	600,484		(c) To affiliated company	
9. (a) Building	40,270,500	14,940,000	25. Indebtedness maturing and payable in more than three years from the date of issu- ance	18,300,300
(b) Less accumulated depreciation	12,300,600	3,400,000	26. Loans from stockholders not payable within three years	
10. (a) Fixed depreciable assets .			27. Other liabilities	1,700,900
(b) Less accumulated depreciation			28. Capital Stock (a) Preferred stock	
11. (a) Depletable assets			(b) Common Stock	8,420,330
(b) Less accumulated depletion			29. Paid-in or capital surplus (provide reconciliation)	58,668,374
12. Land	2,200,900		30. Retained earnings	
13. (a) Intangible assets			31. Other capital accounts	
(b) Less accumulated amortization			32. Total Liabilities and Stockholders' Equity	560,500,183 (Lines: 23-31)
14. Other assets			33. Total gross business done everywhere (sales and service)	1,900,670,400 (from income tax return)
15. Net Assets	560,500,183	39,040,400	34. Total gross business done in Oklahoma (sales and service)	336,891,527 (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. TOTAL ASSETS	560,500,183	39,040,400		
(Lines: 15-17)				



DRAFT
5/23/17

FORM **512-SA** 2017

NONRESIDENT SHAREHOLDER AGREEMENT

I, ROSE B. TRIM, the undersigned, do agree I will file an Oklahoma Income Tax Return for the taxable year ending 12/31/2017. I will include, in Oklahoma adjusted gross income, my share of distributable taxable income or net operating loss of the corporation named below to the extent such income, gain or loss, is at the corporate level, derived from sources within Oklahoma. I further state I made and executed this agreement for the purpose of filing it with the following named corporation to be submitted with the Oklahoma Small Business Corporation Income Tax Return, Form 512-S, filed by the corporation for the taxable year indicated above.

Corporation TREE FIXR UPPER, INC
Street Address or Post Office Box 39 ANY STREET
City OKLAHOMA CITY State OK ZIP 73110
Federal Employer Identification Number 11-0000009

Signature 514-06-0014
Signature of Shareholder Executing Agreement Social Security Number or Federal Employer Identification Number

Dated this 15TH day of MARCH, 2018.

CORPORATION PLEASE NOTE:

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

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 , 2017 ending , .

Corporate, Partnership, or Fiduciary Name TREE FIXR UPPER, INC	Federal Employer Identification Number: 11-0000009
Mailing address (number and street) 39 ANY 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 checked="" type="checkbox"/> Form 512-S <input type="checkbox"/> Form 513NR <input type="checkbox"/> Form 514
City, State and ZIP OKLAHOMA CITY OK 73110	

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** 09/15/18

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	3,000	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	3,000	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	3,000	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	8,000	00
9. Total amount you are paying (add lines 7 and 8).....	9	11,000	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.