

Form 514 Test Scenario 1

Sam Starling, LLP

11-2000001

Test Scenario 1 uses the Federal Form 1065 Test Scenario 1.

Deviations from Test Package Federal form 1065:

- 1065, page 1- Change the partnership's Federal Employer Identification Number to: 11-2000001
- 1065, page 1- Change the partnership's City, State and Zip to: Oklahoma City OK 73102
- 1065 – Number of Partners - changed from 27 to 5.

Partner Information:

	<u>Name &amp; Address</u>	<u>SSN</u>	<u>Partner's %</u>
1.	Sam Starling PO Box 99 & Birch Branch St Johns, NFLD, Canada, AIC5N5	000-00-0022	30%
2.	Barton and Jenkins Enterprise RR 510 W Anchorage, AK 99502	69-1000001	40%
3.	Taxpayer One PO Box 0001 Oklahoma City OK 73103	990-00-0001	10%
4.	Taxpayer Two PO Box 0002 Highland, KS 66035	990-00-0002	10%
5.	Taxpayer Three PO Box 0003 Argyle, TX 76226	990-00-0003	10%

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

**Forms Required:** 514, 514-PT

**Binary Attachments:** Form 504

Form 514 Test Scenario 1

Sam Starling, LLP

11-2000001

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**Misc. Additional Information --**

- The county in which located is - Oklahoma.
- A partnership return was filed last year.
- An extension payment of \$5,000,000 was made.
- Apply \$420,000 of the overpayment to next year's estimated tax.
- The refund should be by direct deposit into a checking account in an Oklahoma credit union:
  - Routing Number – 303085418
  - Account Number – 12345987
- No underpayment of estimated interest (Form OW-8-P) is due. The prior year's tax liability was zero.
- Check the box to allow the Oklahoma Tax Commission to speak to the paid preparer.
- The partnership's income is all within Oklahoma except for the Nevada rental property.
- The interest income is reported as 'other interest income' in Part 3.

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

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

# OKLAHOMA PARTNERSHIP INCOME TAX RETURN

Form 514  
2017



This form is due 30 days after the due date of the Federal return.

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 514-X on page 5.

Partnership Name:  
SAM STARLING, LLP

Street Address:  
631 N MCKINLEY STREET

City, State or Province, Country and ZIP or Foreign Postal Code:  
OKLAHOMA CITY OK 73102

Federal Employer Identification Number: 11-2000001 Business Code Number: 541110 County in which located: OKLAHOMA Was a 2016 Partnership Income Tax return filed? Yes  No  If this is a final return, place an 'X' here:

Enter number of partners: 5 Note: An Oklahoma return must be filed by all partnerships having Oklahoma source income.  
Enter total amount of Oklahoma Net Distributable Income (Part 3, Column B, line 15): 80,774,053

**PART 1: TAX COMPUTATION FOR NONRESIDENT COMPOSITE FILERS OR FOR A PARTNERSHIP CLAIMING THE REFUNDABLE CREDIT FROM FORM 577 OR 578** - Complete Part 1 if filing a composite return for your nonresident partners. Any nonresident partner may be included in the composite return. Provide Form 514-PT: Oklahoma Partnership Composite Income Tax Supplement.

1	Nonresident share of income (514-PT, Column F, line J) .....	1	79,216,868	00
2	Nonresident Oklahoma tax (514-PT, Column H, line K). If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box..... <input type="checkbox"/> ...	2	4,510,691	00
3	<b>Less:</b> Other Credits form (see instructions) (provide Form 511CR) .....	3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4	4,510,691	00
5	2017 Oklahoma estimated tax payments (i.e Form(s) OW-8-ESC) .....	5		00
6	Amount paid with extension request.....	6	5,000,000	00
7	Oklahoma withholding (provide Forms 1099, 500A, 500B, etc.) .....	7		00
8	Refundable Credits from Form ..... a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578 .....	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only) .....	9		00
10	Any refunds or overpayment applied (amended return only) .....	10	( )	00
11	Total of lines 5 through 10.....	11	5,000,000	00
12	Overpayment (line 11 minus line 4) .....	12	489,309	00
13	Amount of line 12 to be credited to 2018 estimated tax (original return only).....	13	420,000	00
14	Amount of line 12 to be refunded to you (line 12 minus line 13) .....	Refund → 14	69,309	00

**Direct Deposit Note:** → All refunds must be by direct deposit. See Direct Deposit Information on page 11 of the 514 Packet for details.

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

Routing Number: 303085418 Account Number: 12345987

15	Tax Due (line 4 minus line 11).....	Tax Due → 15		00
16	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/> 16		00
17	<b>For delinquent payment</b> add penalty of 5% ..... \$ ..... plus interest of 1.25% per month..... \$ .....	17		00
18	Total tax, penalty and interest (add lines 15, 16 and 17) .....	Balance Due → 18		00

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

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

Signature of Partner or Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Partner or Member: SAM STARLING  
Title: PRESIDENT Phone Number: 555-555-5555

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Preparer: JESSE JAMES  
Phone Number: 555-631-1212 Preparer's PTIN: P00000001



Partnership Name: <b>SAM STARLING, LLP</b>	Federal Employer Identification Number: <b>11-2000001</b>
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### PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS

**CAUTION:** Include only trade or business income and expenses on lines 1a through 21 below.

1	a. Gross receipts or sales..... \$ <u>323,455,613</u>
	b. <b>Minus</b> returns and allowances \$ _____
2	Cost of goods sold and/or operations.....
3	Gross profit (subtract line 2 from line 1) .....
4	Ordinary income (loss) from other partnerships and fiduciaries (provide schedule).....
5	Net farm profit (loss) (provide Sch. F, Form 1040) .....
6	Net gain (loss) (Form 4797, line 18).....
7	Other income (loss) (provide schedule) .....
8	<b>Total income</b> (loss) (add lines 3 through 7).....
9	Salaries and wages (other than to partners) .....
10	Guaranteed payments to partners.....
11	Repairs and maintenance .....
12	Bad debts .....
13	Rent.....
14	Taxes and licenses .....
15	Interest .....
16	Depreciation .....
17	Depletion (do not deduct oil and gas depletion) .....
18	Retirement plans, etc .....
19	Employee benefit program .....
20	Other deductions (provide schedule) .....
21	<b>Total deductions</b> (add lines 9 through 20).....
22	<b>Ordinary Income (Loss) from trade or business:</b> Subtract line 21 from line 8.....

Column A As reported on Federal Return		Column B Total applicable to Oklahoma	
323,455,613	00	323,455,613	00
00			00
323,455,613	00	323,455,613	00
00			00
00			00
10,000	00	10,000	00
00			00
323,465,613	00	323,465,613	00
110,535,025	00	110,535,025	00
22,675,031	00	22,675,031	00
2,042,164	00	2,042,164	00
00			00
25,922,173	00	25,922,173	00
12,226,452	00	12,226,452	00
14,622	00	14,622	00
7,274,616	00	7,274,616	00
00			00
4,255,918	00	4,255,918	00
7,100,361	00	7,100,361	00
50,737,848	00	50,737,848	00
242,784,210	00	242,784,210	00
80,681,403	00	80,681,403	00

### PART 3: DISTRIBUTIVE SHARE ITEMS

1	Ordinary income (loss) from trade or business activity(ies) (Part 2, line 22).																		
2	Net income (loss) from rental real estate activity(ies) (provide schedule) ..																		
3	Net income (loss) from other rental activity(ies) (provide schedule) .....																		
4	<table border="0" style="width:100%;"> <tr> <td style="width:20px; vertical-align: middle;"><b>Portfolio Income (loss)</b></td> <td style="padding: 2px;">a. Interest on loans, notes, mortgages, bonds, etc.....</td> </tr> <tr> <td></td> <td style="padding: 2px;">b. Interest on obligations of a State or political subdivision.....</td> </tr> <tr> <td></td> <td style="padding: 2px;">c. Interest on obligations of the United States.....</td> </tr> <tr> <td></td> <td style="padding: 2px;">d. Other interest income .....</td> </tr> <tr> <td></td> <td style="padding: 2px;">e. Dividend income.....</td> </tr> <tr> <td></td> <td style="padding: 2px;">f. Royalty income (patent or copyright).....</td> </tr> <tr> <td></td> <td style="padding: 2px;">g. Net short-term capital gain (loss).....</td> </tr> <tr> <td></td> <td style="padding: 2px;">h. Net long-term capital gain (loss).....</td> </tr> <tr> <td></td> <td style="padding: 2px;">i. Other portfolio income (loss) (provide schedule).....</td> </tr> </table>	<b>Portfolio Income (loss)</b>	a. Interest on loans, notes, mortgages, bonds, etc.....		b. Interest on obligations of a State or political subdivision.....		c. Interest on obligations of the United States.....		d. Other interest income .....		e. Dividend income.....		f. Royalty income (patent or copyright).....		g. Net short-term capital gain (loss).....		h. Net long-term capital gain (loss).....		i. Other portfolio income (loss) (provide schedule).....
<b>Portfolio Income (loss)</b>	a. Interest on loans, notes, mortgages, bonds, etc.....																		
	b. Interest on obligations of a State or political subdivision.....																		
	c. Interest on obligations of the United States.....																		
	d. Other interest income .....																		
	e. Dividend income.....																		
	f. Royalty income (patent or copyright).....																		
	g. Net short-term capital gain (loss).....																		
	h. Net long-term capital gain (loss).....																		
	i. Other portfolio income (loss) (provide schedule).....																		
5	Net gain (loss) under section 1231 (Other than due to casualty or theft) ....																		
6	Other (provide schedule).....																		
7	<b>Total income</b> (Add lines 1 through 6) .....																		
8	<b>Deductions</b> Contributions .....																		
9	Expense deductions for recovery property (Section 179) (provide sch.)																		
10	Deductions related to portfolio income .....																		
11	Depletion (Other than oil and gas).....																		
12	Intangible drilling costs .....																		
13	Other deductions authorized by law (provide schedule) .....																		
14	<b>Total deductions</b> (Add lines 8 through 13).....																		
15	<b>Net distributive income</b> (line 7 minus line 14).....																		

Column A As reported on Federal Return		Column B Total applicable to Oklahoma	
80,681,403	00	80,681,403	00
203,125	00		00
00			00
00			00
92,650	00	92,650	00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
80,977,178	00	80,774,053	00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
00			00
80,977,178	00	80,774,053	00

If Federal and Oklahoma distributive net income is the same, you may complete Part 3, line 15, then complete Part 5. Provide a copy of your Federal Form 1065 and K-1s.



Partnership Name: <b>SAM STARLING, LLP</b>	Federal Employer Identification Number: <b>11-2000001</b>
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**PART 5:** ALL PARTNERSHIPS MUST COMPLETE PART 5 OR MAY PROVIDE THE FEDERAL K-1S IF OKLAHOMA INFORMATION IS STATED SEPARATELY ON THE FEDERAL K-1.

If completing Part 5, use Form 514-SUP when there are more than 3 partners. Use as many Forms 514-SUP as needed.

		PARTNER 1	PARTNER 2	PARTNER 3
1	Name and address of each partner	Name: <b>SAM STARLING</b>	Name: <b>BARTON AND JENKINS ENTERPRISE</b>	Name: <b>TAXPAYER ONE</b>
	Address:	<b>PO BOX 99 &amp; BIRCH BRANCH</b>	<b>RR 510 W</b>	<b>PO BOX 0001</b>
	City, State, ZIP:	<b>ST JOHNS, NFLD, CANADA, AIC5N5</b>	<b>ANCHORAGE, AK 99502</b>	<b>OKLAHOMA CITY, OK 73103</b>
2	SSN or FEIN	<b>000-00-0002</b>	<b>69-1000001</b>	<b>990-00-0001</b>
3	Percentage of Partnership Owned	<b>30%</b>	<b>40%</b>	<b>10%</b>
4	Distributable Federal Income	<b>24,293,153</b>	<b>32,390,871</b>	<b>8,097,718</b>
5	Distributable Oklahoma Income (see instructions)	<b>24,232,216</b>	<b>32,309,621</b>	<b>8,077,405</b>
6	Guaranteed Payments (Federal)		<b>22,675,031</b>	
7	Guaranteed Payments (Oklahoma)		<b>22,675,031</b>	
8	Oil and Gas Depletion (Federal)			
9	Oil and Gas Depletion (Oklahoma)			
10	Amount of Credit			
11	Type of Credit			
12	Amount of Withholding			
13	Type of Withholding			

**NONRESIDENT PARTNER**

14	Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Notice:** Forms required to compute withholding and credits must be provided with partnership return. Examples of these include: Form 1099 MISC, Form 500A: Nonresident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit, and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

**NOTE: PROVIDE A COMPLETE COPY OF YOUR FEDERAL FORM 1065 OR 1065-B.**

**PART 6: ADDITIONAL INFORMATION**

**Location of Principal Accounting Records**

631 N MCKINLEY STREET	OKLAHOMA CITY	OK	73102
Address	City	State	Zip

Has the Internal Revenue Service redetermined your tax liability for prior years?  Yes  No What years? 2011

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

Has the statute of limitations been extended by consent for any prior years?  Yes  No What years? 2012

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

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

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



State of Oklahoma  
**SUPPLEMENTAL SCHEDULE FOR  
 FORM 514, PART 5**

FORM **514-SUP** 2017

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

<b>Name of Partnership</b> SAM STARLING, LLP	<b>FEIN</b> 11-2000001	<b>Page</b> 1 of 1
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	PARTNER <u>4</u>	PARTNER <u>5</u>	PARTNER _____
1 Name and address of each partner  Name:  Address:  City, State, ZIP:	TAXPAYER TWO	TAXPAYER THREE	
	PO BOX 002	PO BOX 003	
	HIGHLAND KS 66035	ARGYLE, TX 76226	
2 SSN or FEIN	990-00-0002	990-00-0003	
3 Percentage of Partnership Owned	10%	10%	
4 Distributable Federal Income	8,097,718	8,097,718	
5 Distributable Oklahoma Income (see instructions)	8,077,405	8,077,406	
6 Guaranteed Payments (Federal)			
7 Guaranteed Payments (Oklahoma)			
8 Oil and Gas Depletion (Federal)			
9 Oil and Gas Depletion (Oklahoma)			
10 Amount of Credit			
11 Type of Credit			
12 Amount of Withholding			
13 Type of Withholding			

**NONRESIDENT PARTNER**

14 Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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# OKLAHOMA PARTNERSHIP COMPOSITE INCOME TAX SUPPLEMENT



FORM **514-PT** 2017

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

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

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

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: SAM STARLING, LLP
Federal Employer Identification Number: 11-2000001
Mailing address (number and street): 631 N MCKINLEY STREET
City, State and ZIP: OKLAHOMA CITY OK 73102
CHECK THE FORM TYPE FOR THE RETURN THIS APPLICATION IS FOR:
Form 512, Form 513, Form 512-E, Form 512-S, Form 513NR, Form 514 (checked)

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

Table with 9 rows for tax computation. Line 1: Total income tax liability (5,000,000.00). Line 2: Oklahoma income tax withheld. Line 3: Estimated tax payments. Line 4: Other payments and credits. Line 5: Add lines 2, 3 and 4. Line 6: Income tax balance due (5,000,000.00). Line 7: Amount of income tax you are paying (5,000,000.00). Line 8: Franchise tax. Line 9: Total amount you are paying (5,000,000.00).

SIGNATURE
Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.
Signature of Officer, Partner, Member or Fiduciary Date
Paid Preparer's Signature Date

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