

# OKLAHOMA RESIDENT FIDUCIARY RETURN OF INCOME

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

**AMENDED  
RETURN!**

If this is an  
Amended Return  
place an  
'X' here

See Schedule 513-X  
on page 4.

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

Name of estate or trust:  
Address of fiduciary: (number and street)  
City, State or Province, Country and ZIP or Foreign Postal Code:  
Federal Employer Identification Number: Date Entity Created:  
Name and title of fiduciary:

**This form is for residents only.  
Nonresidents use Form 513NR.**  
This is a(n):  Initial Return  
 Final Return  
**Important!**  
Was a Fiduciary Income Tax  
Return filed for the  
previous year?  
 Yes  No

Place an 'X' in all applicable boxes:  
 Decedent's Estate  Grantor Type Trust  Pooled Income Fund  
 Simple Trust  Complex Trust  Bankruptcy Estate  
 ESBT  Charitable Trust  
Other (describe):  
Number of Beneficiaries:

**PART 1** Important: Provide a copy of your Federal return. Also provide a  
schedule for Oklahoma amounts when different from Federal.

**Income (provide necessary schedule(s) for lines 2-10)**

1	Interest income (except government obligations).....
2	Interest on obligations of the United States .....
3	State and municipal interest .....
4	Dividends.....
5	Business income or (loss) .....
6	Capital gain or (loss).....
7	Rents, royalties, partnerships, other estates and trusts, etc.....
8	Farm income or (loss).....
9	Ordinary gain or (loss) .....
10	Other income (state nature of income).....
11	<b>Total income</b> (add lines 1 through 10).....

Column A	
As reported on Federal return	
	00
	00
	00
	00
	00
	00
	00
	00
	00
	00

Column B	
Total applicable to Oklahoma	
1	00
2	
3	00
4	00
5	00
6	00
7	00
8	00
9	00
10	00
11	00

**Deductions**

12	Interest (provide schedule).....
13	Taxes (provide schedule).....
14	Fiduciary fees (provide waiver for estates).....
15	Charitable deduction.....
16	Attorney, accountant, and return preparer fees.....
17	Other deductions (provide schedule).....
18	Income distribution deduction (use Oklahoma Schedule K-1; see instructions) ..
19	Federal estate tax deduction (provide schedule).....
20	Exemption.....
21	<b>Total Deductions</b> (add lines 12 through 20).....
22	<b>Taxable Income of Fiduciary</b> (subtract line 21 from line 11).....

12	00	12	00
13	00	13	00
14	00	14	00
15	00	15	00
16	00	16	00
17	00	17	00
18	00	18	00
19	00	19	00
20	00	20	00
21	00	21	00
22	00	22	00



<b>Form 513 - page 3</b> <b>Oklahoma</b> <b>Schedule K-1</b>	<b>PART 2: BENEFICIARY'S SHARE OF</b> <b>INCOME AND DEDUCTIONS</b>	<b>2017</b>
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For calendar year 2017 or fiscal year beginning _____, 2017 and ending _____, _____.	<input type="checkbox"/> Amended K-1 <input type="checkbox"/> Final K-1 <input type="checkbox"/> Nonresident
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Name of estate or trust	
Beneficiary's FEIN/SSN	Estate's or trust's Federal Employer Identification Number
Beneficiary's name, address and ZIP	Fiduciary's name, address and ZIP

<b>Income</b>		FEDERAL	OKLAHOMA
1	Interest .....	1	
2	Dividends.....	2	
3	Short-term capital gain (or loss) .....	3	
4	Long-term capital gain (or loss) .....	4	
5	Other taxable income:		
	a. Annuities, royalties and other nonbusiness income .....	5a	
	b. Trade or business, rental real estate and other business income .....	5b	
6	State and municipal interest .....	6	
7	U.S. interest.....	7	

<b>Deductions</b>			
8	a. Depreciation, depletion, amortization attributable to line 5a .....	8a	
	b. Depreciation, depletion, amortization attributable to line 5b .....	8b	
9	Expenses allocable to Federally-exempt income .....	9	
10	Expenses allocable to Oklahoma-exempt income.....	10	
11	Deductions in the final year of trust or decedent's estate:		
	a. Excess deductions on termination.....	11a	
	b. Net operating loss carryover .....	11b	
12	Withholding.....	12	
13	Other:		
	a. _____	13a	
	b. _____	13b	
	c. _____	13c	
	d. _____	13d	
	e. _____	13e	
	f. _____	13f	
	g. _____	13g	



Name of estate or trust:	Federal Employer Identification Number:
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**SCHEDULE 513-X: AMENDED RETURN SCHEDULE**

**A** Did you file an amended Federal income tax return?  Yes  No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

**C** Explanation or Reason for Amended Return (Provide all necessary schedules):

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**INSTRUCTIONS FOR FILING AN AMENDED RETURN**

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 31. Enter any refund previously received or overpayment applied on line 32. Complete the Amended Return Schedule, Schedule 513-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.