



# CORPORATION INCOME TAX RETURN

## State of Oklahoma

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

**AMENDED RETURN!**  
If this is an Amended Return place an 'X' here   
See Schedule 512-X on page 5.

For the year January 1 - December 31, 2015, or other taxable year beginning:  , 2015 , ending:  ,

Name of Corporation:   
Street Address:   
City, State or Province, Country and ZIP or Foreign Postal Code:

A. Federal Employer Identification Number   
B. Business Code Number

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

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

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

1	Oklahoma taxable income (as shown on Schedule A or B or, if consolidated, from Form 512-TI) .....	1	<input type="text"/>	00
2	Tax: 6% of line 1 .....	2	<input type="text"/>	00
3	<b>Less:</b> Other Credits Form (total from Form 511CR) (see instructions)..... <input type="text"/>	3	<input type="text"/>	00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4	<input type="text"/>	00
5	2015 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC) .....	5	<input type="text"/>	00
6	Amount paid with extension request .....	6	<input type="text"/>	00
7	Oklahoma withholding (enclose Form 1099, 500-A or other withholding statement) .....	7	<input type="text"/>	00
8	Refundable Credits from Form ..... a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578.....	8	<input type="text"/>	00
9	Amount paid with original return and amount paid after it was filed (amended return only) .....	9	<input type="text"/>	00
10	Any refunds or overpayment applied (amended return only) .....	10	<input type="text"/>	00
11	Total of lines 5 through 10 .....	11	<input type="text"/>	00
12	Overpayment (line 11 minus line 4) .....	12	<input type="text"/>	00
13	Amount of line 12 to be credited to 2016 estimated tax (original return only) ...	13	<input type="text"/>	00
Line 13 instructions provide 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 14 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.				
14	Donations from your refund.... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ . <input type="text"/>	14	<input type="text"/>	00
15	Total (add lines 13 and 14) .....	15	<input type="text"/>	00
16	Amount of line 12 to be refunded to you (line 12 minus line 15).....Refund $\rightarrow$	16	<input type="text"/>	00

**Direct Deposit Note:**  $\rightarrow$   
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:  Account Number:

17	Tax Due (line 4 minus line 11) .....	Tax Due $\rightarrow$	17	<input type="text"/>	00
18	Donation: Public School Classroom Support Fund ..... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ ..		18	<input type="text"/>	00
19	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>		19	<input type="text"/>	00
20	<b>For delinquent payment</b> add penalty of 5%..... \$ _____ plus interest of 1.25% per month .....		20	<input type="text"/>	00
21	Total tax, donation, penalty and interest (add lines 17 - 20)..... Balance Due $\rightarrow$		21	<input type="text"/>	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. **Make check payable to the Oklahoma Tax Commission**

**Corporate Seal**

Signature of Officer  Date   
Title   
Phone Number

Signature of Preparer  Date   
Preparer's Address   
Phone Number  Preparer's PTIN

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



**SCHEDULE A**

Schedule A, 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). Enclose 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 _____ (less: returns and allowances) .....		1
2 Less: Cost of goods sold .....		2
3 Gross profit (line 1 minus line 2).....		3
4 Dividends.....		4
5 Interest on obligations of the United States and U.S. Instrumentalities.....		5
6 (a) Other interest .....		6a
(b) Municipal interest .....		6b
7 Gross rents.....		7
8 Gross royalties.....		8
9 (a) Net capital gains.....		9a
(b) Ordinary gain or [loss].....		9b
10 Other income (enclose schedule).....		10
11 <b>Total income</b> (add lines 3 through 10).....		11

**Deductions (lines 12 through 27)**

12 Compensation of officers.....		12
13 Salaries and wages .....		13
14 Repairs .....		14
15 Bad debts .....		15
16 Rents .....		16
17 Taxes .....		17
18 Interest.....		18
19 Charitable Contributions.....		19
20 Depreciation .....		20
21 Depletion (see instructions below).....		21
22 Advertising.....		22
23 Pension, profit-sharing plans, etc. ....		23
24 Employee benefit programs.....		24
25 Domestic production activities deduction .....		25
26 Other deductions (enclose schedule) .....		26
27 <b>Total Deductions</b> (add lines 12 through 26).....		27

**Totals (lines 28 through 30)**

28 Taxable income before net operating loss deductions and special deductions.....		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 .....		30

**Note:** Indicate method used to allocate expenses to Oklahoma and enclose 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 enclosed 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**

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 \_\_\_\_\_ Date business began in Oklahoma \_\_\_\_\_

Principal location(s) in Oklahoma \_\_\_\_\_

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



**SCHEDULE B**

Schedule B is for computation of Oklahoma taxable income of a unitary enterprise. [Section 2358(A)(5)]  
Enclose a complete copy of your Federal return.

1	Net taxable income from Schedule A, Column A, line 30 .....		1	\$
2	Add: (a) Taxes based on income.....2a	\$		
	(b) Federal net operating loss deduction .....2b			
	(c) Unallowable deduction (enclose schedule) .....2c			
	(d) .....2d			
	(e) .....2e			
	(f) Total of lines 2a through 2e .....		2f	\$
3	Deduct all items separately allocated			
	(a) .....3a	\$		
	(b) .....3b			
	(c) .....3c			
	(d) .....3d			
	(e) .....3e			
	(f) Total of lines 3a through 3e .....		3f	\$
	(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	\$
5	Oklahoma's portion thereof _____ %, from schedule below .....		5	\$
6	Add or deduct items separately allocated to Oklahoma (enclose schedule)			
	(a) .....6a	\$		
	(b) .....6b			
	(c) .....6c			
	(d) Oklahoma net operating loss deduction.....6d	( )		
7	Oklahoma net income before tax (add lines 5 and 6).....		7	\$
8	Oklahoma accrued tax (see instructions) .....		8	\$
9	Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1) .....		9	\$

**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		
	(ii) Depreciable property .....1a(ii)		
	(iii) Land.....1a(iii)		
	(iv) Total of section "a" .....1a(iv)		
	(b) Rented property (capitalize at 8 times net rental paid) ....1b		
	(c) Total of sections "a" and "b" above.....	\$	1c %
2	(a) Payroll .....2a		
	(b) Less: Officer salaries.....2b		
	(c) Total (subtract officer salaries from payroll) .....	\$	2c %
3	Sales:		
	(a) Sales delivered or shipped to Oklahoma purchasers:		
	(i) Shipped from outside Oklahoma .....3a(i)		
	(ii) Shipped from within Oklahoma.....3a(ii)		
	(b) Sales shipped from Oklahoma to:		
	(i) The United States Government .....3b(i)		
	(ii) Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272) 3b(ii)		
	(c) Total all of sections "a" and "b".....	\$	3c %
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 %
6	Average percent (1/3 of total percent) (Carry to Schedule B, line 5).....		6 %



BALANCE SHEETS		BEGINNING OF TAXABLE YEAR		END OF TAXABLE YEAR	
		(A) Amount	(B) Total	(C) Amount	(D) Total
1	Cash.....1				
2	Trade notes and accounts receivable .....2				
	(a) Less allowance for bad debts .....2a				
3	Inventories .....3				
4	Gov't obligations:				
	(a) U.S. and instrumentalities.....4a				
	(b) State, subdivision, thereof, etc .....4b				
5	Other current assets (enclose schedule) .....5				
6	Loans to shareholders .....6				
7	Mortgage and real estate loans .....7				
8	Other investments (enclose schedule).....8				
9	Buildings and other fixed depreciable assets..9				
	(a) Less accumulated depreciation .....9a				
10	Depletable assets .....10				
	(a) Less accumulated depletion .....10a				
11	Land (net of any amortization) .....11				
12	Intangible assets (amortization only) .....12				
	(a) Less accumulated amortization .....12a				
13	Other assets (enclose schedule) .....13				
14	Total assets .....14				
15	Accounts payable.....15				
16	Mtgs-notes-bonds payable in less than 1 yr...16				
17	Other current liabilities (enclose schedule) ...17				
18	Loans from shareholders .....18				
19	Mtgs-notes-bonds payable in 1 yr. or more...19				
20	Other liabilities (enclose schedule) .....20				
21	Capital stock: (a) preferred stock.....21a				
	(b) common stock.....21b				
22	Paid-in capital surplus (enclose reconciliation) ....22				
23	Retained earnings-appropriated (enclose sch.)..23				
24	Retained earnings-unappropriated .....24				
25	Adjustments to shareholders' equity (enclose sch.) 25				
26	Less cost of treasury stock .....26		( )		( )
27	Total liabilities and shareholders' equity.....27				

**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 (enclose 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 (enclose schedule).....4			(c) Total of lines 7a and 7b .....7c	
5	Expenses recorded on books this year not deducted in this return (enclose schedule)		8	Deductions in this tax return not charged against book income this year (enclose 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		5	Distributions: (a) Cash .....5a	
2	Net income (loss) per books .....2			(b) Stock.....5b	
3	Other increases (enclose schedule)			(c) Property .....5c	
	_____		6	Other decreases (enclose sch.)	
	_____			_____	
4	Total of lines 1, 2 and 3.....4		7	Total of lines 5 and 6 .....7	
			8	Balance at end of year (line 4 less line 7) .....8	





# State of Oklahoma OTHER CREDITS FORM

FORM **511CR** 2015

Enclose this form and supporting documents with your Oklahoma tax return.

Name as shown on return:	Social Security Number:
	-OR-
	Federal Employer Identification Number:

Enter in **Column A** all unused carryover credits established in prior tax years but not used in any prior tax year.

Enter in **Column B** all credits established this tax year. This includes a credit generated this tax year; a credit transferred to you on a filed transfer agreement (Form 572) which may be claimed this tax year; and a credit, that once established, may be claimed over multiple years and you are claiming the subsequent years' credit (e.g. Investment/New Jobs Credit or Credit for Qualified Ethanol Facilities).

**Attention members of pass-through entities:** Enter your share of the pass-through entities' credit on the appropriate line for the type of credit. For example: Your share of the pass-through entities' Coal Credit would be entered on line 2.

See instructions for details on qualifications and required enclosures.

	<b>A</b> Unused Credit Carried Over from Prior Year(s)		<b>B</b> Credit Established During Current Tax Year	<b>C</b> Total Available Credit (A + B = C)
<b>1</b> Oklahoma Investment/New Jobs Credit (enclose Form 506).....	00	1	00	00
<b>2</b> Coal Credit.....	00	2	00	00
<b>3</b> Credit for Investment in a Clean-Burning Motor Vehicle Fuel Property (enclose Form 567-A) <b>Enter the number of Form(s) 567-A enclosed with this return for 3a and 3b</b> .....	Number of Form(s) 567-A <input style="width: 100px; height: 20px;" type="text"/>			
<b>3a</b> Credit from Form 567-A, Part 1, Section A, line 3. (If completing multiple Forms 567-A; enter the total amounts from all Part 1, Section A, line 3.) .....	00	3a	00	00
<b>3b</b> Credit from Form 567-A, Part 4, line 4 .....	00	3b	00	00
<b>4</b> Credit for Investment in Qualified Electric Motor Vehicle Property (placed in service before July 1, 2010) ...	00	4	Not Applicable	00
<b>5</b> Small Business Capital Credit (enclose Form 527-A) .....	00	5	Not Applicable	00
<b>6</b> Oklahoma Agricultural Producers Credit (enclose Form 520) .....	00	6	Not Applicable	00
<b>7</b> Small Business Guaranty Fee Credit (enclose Form 529) .....	00	7	00	00
<b>8</b> Credit for Employers Providing Child Care Programs .....	00	8	Not Applicable	00
<b>9</b> Credit for Entities in the Business of Providing Child Care Services.....	00	9	00	00
<b>10</b> Credit for Commercial Space Industries.....	00	10	Not Applicable	00
<b>11</b> Credit for Tourism Development or Qualified Media Production Facility .....	00	11	Not Applicable	00
<b>12</b> Oklahoma Local Development and Enterprise Zone Incentive Leverage Act Credit.....	00	12	Not Applicable	00
<b>13</b> Credit for Qualified Rehabilitation Expenditures .....	00	13	00	00
<b>14</b> Rural Small Business Capital Credit (enclose Form 526-A) .....	00	14	Not Applicable	00



# OTHER CREDITS FORM

Name as shown on return:	Social Security/Federal Employer Identification Number:
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	<b>A</b>		<b>B</b>		<b>C</b>
	Unused Credit Carried Over from Prior Year(s)		Credit Established During Current Tax Year		Total Available Credit (A + B = C)
<b>15</b> Credit for Electricity Generated by Zero-Emission Facilities .....	00	15	00		00
<b>16</b> Credit for Financial Institutions Making Loans under the Rural Economic Development Loan Act.....	00	16	00		00
<b>17</b> Credit for Manufacturers of Small Wind Turbines.....	00	17	00		00
<b>18</b> Credit for Qualified Ethanol Facilities .....	Not Applicable	18	00		00
<b>19</b> Poultry Litter Credit.....	00	19	Not Applicable		00
<b>20</b> Volunteer Firefighter Credit ( <b>enclose COFT's Form, see instructions on page 5</b> ) .....	Not Applicable	20	00		00
<b>21</b> Credit for Qualified Biodiesel Facilities .....	Not Applicable	21	00		00
<b>22</b> Credit for Breeders of Specially Trained Canines.....	00	22	Not Applicable		00
<b>23</b> Credit for Modification Expenses Paid for an Injured Employee.....	Not Applicable	23	00		00
<b>24</b> Dry Fire Hydrant Credit .....	00	24	Not Applicable		00
<b>25</b> Credit for the Construction of Energy Efficient Homes .....	00	25	00		00
<b>26</b> Credit for Railroad Modernization.....	00	26	00		00
<b>27</b> Research and Development New Jobs Credit ( <b>enclose Form 563</b> ).....	00	27	00		00
<b>28</b> Credit for Stafford Loan Origination Fee (for banks & credit unions filing Form 512).....	00	28	Not Applicable		00
<b>29</b> Credit for Biomedical Research Contribution .....	00	29	00		00
<b>30</b> Credit for Employees in the Aerospace Sector ( <b>enclose Form 564</b> ).....	00	30	00		00
<b>31</b> Credits for Employers in the Aerospace Sector ( <b>enclose Form 565</b> ).....	Not Applicable	31	00		00
<b>32</b> Wire Transfer Fee Credit .....	00	32	00		00
<b>33</b> Credit for Manufacturers of Electric Vehicles.....	00	33	Not Applicable		00
<b>34</b> Credit for Cancer Research Contribution .....	00	34	00		00
<b>35</b> Oklahoma Capital Investment Board Tax Credit.....	Not Applicable	35	00		00
<b>36</b> Credit for Contributions to a Scholarship-Granting Organization .....	00	36	00		00
<b>37</b> Credit for Contributions to an Educational Improvement Grant Organization .....	00	37	00		00
<b>38</b> Credit for Venture Capital Investment ( <b>enclose Form 518-A or 518-B</b> ).....	00	38	00		00
<b>39 Total</b> (add lines 1 through 38) .....		<b>39</b>			00

Enter on the applicable line of income tax return and enter the number in the box for the type of credit. If more than one credit is claimed, enter "99" in the box.