

State of Oklahoma Income Tax Return

For Office Use Only

1997
INDIVIDUAL
FORM 511

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

For the year **01-01-1997-12-31-1997** or other taxable year beginning **---1-1997** ending **---1-199**

Please Use Label • Print or Type

Print first name and initial (If joint return, give first name and initial of both) **Last name**

Present home address (Number and street, including apartment number, or rural route)

City, State and Zip

Your Social Security Number

Spouse's Social Security Number

This form is for use by residents only. If you are a part-year or non-resident, please use Form 511NR. For further information, please see page 3 of instructions.

Filing Status • Same as Federal

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate • If spouse is also filing, give social security number, and name here _____

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child (Year spouse died 19 ____)

65 OR OVER (See Instructions)

 Yourself Spouse

EXEMPTIONS

	Regular	Special	Blind	Total
Yourselves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of dependent children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of other dependents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Note:
If you may be claimed as a dependent on another return, enter "0" exemptions for yourself.

Add the totals from these 4 boxes

write the total here and on line 16 below.

PART I START HERE - To Arrive at Oklahoma Adjusted Gross Income - Please round to the nearest dollar

1	Federal Adjusted Gross Income (from Federal Form 1040, Federal Form 1040A or Federal Form 1040EZ).....	1	<input type="text"/>	<input type="text"/>	00
Subtractions from federal adjusted gross income (lines 2-6)					
2	Interest on U.S. Government obligations (enclose Federal Schedule B and details)	2	<input type="text"/>	<input type="text"/>	00
3	Social Security (see instructions)	3	<input type="text"/>	<input type="text"/>	00
4	Oklahoma government retirement or federal retirement (see instructions)	4	<input type="text"/>	<input type="text"/>	00
5	Other retirement income (see instructions for worksheet)	5	<input type="text"/>	<input type="text"/>	00
6	Other subtractions: enter number in the box for type of deduction (see instructions) <input type="text"/>	6	<input type="text"/>	<input type="text"/>	00
7	Total: Add lines 2, 3, 4, 5 and 6	7	<input type="text"/>	<input type="text"/>	00
8	Line 1 minus line 7	8	<input type="text"/>	<input type="text"/>	00
9	Out of state income, except wages (describe and enclose Federal schedule)	9	<input type="text"/>	<input type="text"/>	00
10	Line 8 minus line 9	10	<input type="text"/>	<input type="text"/>	00
Additions to federal adjusted gross income (lines 11-13)					
11	State and municipal bond interest (not specifically exempted) (describe and enclose schedule)	11	<input type="text"/>	<input type="text"/>	00
12	Out of state losses (describe):	12	<input type="text"/>	<input type="text"/>	00
13	Other additions (describe):	13	<input type="text"/>	<input type="text"/>	00
14	Oklahoma Adjusted Gross Income (add lines 10, 11, 12 and 13) (If the amount on this line is smaller than line 1 enclose a copy of your federal income tax return)	14	<input type="text"/>	<input type="text"/>	00

PART II Deductions and Exemptions

15	Deductions: Enter total itemized deductions you claimed on Federal Schedule A -OR- If you did not itemize on your federal return, enter the Oklahoma standard deduction. The Oklahoma Standard Deduction can be determined by following the instructions for line 15, page 7 of your 1997 Oklahoma Resident Individual Income Tax Forms and Instructions booklet.	15	<input type="text"/>	<input type="text"/>	00
16	Exemptions: total number claimed above: _____ x \$1,000	16	<input type="text"/>	<input type="text"/>	00
17	Total: Add line 15 and 16	17	<input type="text"/>	<input type="text"/>	00
18	Percentage allowable: divide line 14 by line 8 (limited to 100%). If line 14 is equal to or larger than line 8, enter 100%	18	<input type="text"/>	<input type="text"/>	%
19	Multiply line 17 by the percentage on line 18.	19	<input type="text"/>	<input type="text"/>	00

PART III Federal Income Tax Deduction

20	1997 Federal Income Tax (not the amount of tax withheld) • (please see instructions)	20	<input type="text"/>	<input type="text"/>	00
21	Percentage allowable: divide line 14 by line 1 (limited to 100%). If line 14 is equal to or larger than line 1, enter 100%	21	<input type="text"/>	<input type="text"/>	%
22	Multiply line 20 by the percentage on line 21.	22	<input type="text"/>	<input type="text"/>	00

PART IV Credit for Child Care

23	Federal child care credit. (see instructions and enclose copy of 2441 and page 2 of 1040 or schedule 2 and 1040A)	23	<input type="text"/>	<input type="text"/>	00
24	Multiply line 23 by 20%	24	<input type="text"/>	<input type="text"/>	00
25	Percentage allowable: divide line 14 by line 1 (limited to 100%). If line 14 is equal to or larger than line 1, enter 100%	25	<input type="text"/>	<input type="text"/>	%
26	Oklahoma child care credit (multiply line 24 by line 25)	26	<input type="text"/>	<input type="text"/>	00

PART V Adjustments Necessary to Arrive at Oklahoma Taxable Income

27	Oklahoma Adjusted Gross Income (from part I, line 14)	27	00
28	Partial military pay exclusion, (not retirement, see instructions)	28	00
29	Qualifying disability deduction (see instructions)	29	00
30	Political contributions (limited to \$100 Single, \$200 Joint)	30	00
31	Interest qualifying for exclusion (limited to \$100 Single, \$200 Joint)	31	00
32	Qualified medical savings account (see instructions)	32	00
33	Qualified adoption expense (see instructions)	33	00
34	Agricultural commodity processing facility exclusion (see instructions)	34	00
35	Depreciation adjustment for swine or poultry producers (see instructions)	35	00
36	Total (add lines 28, 29, 30, 31, 32, 33, 34 and 35)	36	00
37	Oklahoma income after adjustments (subtract line 36 from line 27)	37	00
38	Deductions and exemptions (from part II, line 19)	38	00
39	Oklahoma Taxable Income For Method I (subtract line 38 from line 37)	39	00
40	Tax from Tax Table 1	40	00
41	Federal income tax deduction (from part III, line 22)	41	00
42	Oklahoma Taxable Income For Method II (subtract line 41 from line 39)	42	00
43	Tax from Tax Table 2	43	00

ROUND TO
NEAREST
DOLLAR

PART VI Tax Computation • Credits • Refund or Amount Due

44	Oklahoma Income Tax enter the lesser of line 40 <input type="checkbox"/> or line 43 <input type="checkbox"/>	44	00
45	Credit for child care (from part IV, line 26)	45	00
46	Credit for tax paid another state (enclose Oklahoma schedule E)	46	00
47	Oklahoma investment/new jobs credit (enclose form 506)	47	00
48	Oklahoma agricultural producer credit (enclose form 520)	48	00
49	Other credits (enclose 511CR and appropriate forms)	49	00
50	Total (add lines 45, 46, 47, 48 and 49)	50	00
51	Balance (subtract line 50 from line 44, but not less than zero)	51	00
52	Oklahoma Income tax withheld (enclose all W-2's and 1099 withholding statements.)	52	00
53	a. 1997 Oklahoma estimated tax payments	53a	00
	Check box if qualified farmer (see instructions) <input checked="" type="checkbox"/>	53b	00
	b. 1997 payments with extension	53c	00
	c. Total (add lines 53a and 53b)	53c	00
54	Health insurance credit (enclose form 534) (employers only)	54	00
55	Low income property tax credit (enclose form 538-H)	55	00
56	Sales tax relief credit (enclose form 538-S, see instructions.)	56	00
57	Total (add lines 52, 53c, 54, 55 and 56)	57	00
58	If line 57 is larger than line 51, enter amount overpaid	58	00
59	Amount of line 58 to be credited on 1998 estimated Tax	59	00
Deductions from Refund: If you wish to donate from your tax refund, check and enter amount.			
60	Oklahoma Wildlife Diversity Program. <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$	60	00
61	Low Income Health Care Fund. <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$	61	00
62	Veterans Affairs Capital Improvement Program. <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$	62	00
63	Oklahoma Breast Cancer Program. <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$	63	00
64	Total (add lines 59, 60, 61, 62 and 63)	64	00
65	Amount to be refunded to you (subtract line 58 from line 64)	65	00
66	If line 51 is larger than line 57 enter tax due	66	00
67	Underpayment of estimated tax, penalty 5% _____ Interest _____ (enclose OW-8-P)	67	00
68	For delinquent payment, add penalty of 5% _____ plus interest at 1 1/4% per month	68	00
69	Total tax, penalty and interest (add lines 66, 67 and 68)	69	00

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

**Please remit to the: Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800**

If the Tax Commission may discuss this return with your tax preparer please check here.

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

Taxpayer's signature	Date	Spouse's signature	Date	Paid Preparer's signature	Preparer's I.D. Number
Taxpayer's occupation		Spouse's occupation		Paid Preparer's address and phone number	