State of Oklahoma Income Tax Return

This form must be filed on or before April 15, 1998

For Office Use Only

This form is for the tax year January 1 through December 31, 1997

1997

INDIVIDUAL FORM 511EZ

Please mark your filing status: (Must be same as Federal)

Single ☐ Married Filing Jointly ☐ Head of Household ☐ Married Filing Separately ☐ Qualifying Widow(er) ☐

Please mark here if 65 years of age of over: (See instructions) Yourself ☐ Spouse ☐

PLACE LABEL HERE

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

Social Security Numbers

Yourself ➡

If married filing jointly/separately enter spouse's SSN here ➡ Spouse

Exemptions:

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

	Regular		Special		Blind		Total
Yourself		+		+		=	
Spouse		+		+		=	
Number of dependent children						=	
Number of other dependents						=	

Add the totals from these 4 boxes = write the total here and on line 5

		Dollars • Cents
1 Adjusted gross income from your Federal tax return. This is also your Okla. Adjusted Gross Income	1	0 0
2 Interest qualifying for exclusion (limited to $100 single, $200 joint)	2	0 0
3 Partial military pay exclusion (limited to $1,500) (do not include retirement)	3	0 0
4 Federal itemized or Oklahoma standard deduction (see instructions)	4	0 0
5 Exemptions: Total number claimed above _____ x $1,000	5	0 0
6 Total: Add lines 2, 3, 4, and 5	6	0 0
7 **Oklahoma Taxable Income - For Method I** (Subtract line 6 from line 1 and enter amount here)	7	0 0
8 Tax from Tax Table 1		0 0
9 Federal Income Tax (amount paid, **not** the amount withheld) (see instructions)	9	0 0
10 **Oklahoma Taxable Income - For Method II** (Subtract line 9 from line 7 and enter amount here)	10	0 0
11 Tax from Tax Table 2		0 0
12 Oklahoma Income Tax - Enter Lesser of line 8 ☐ or line 11 ☐	12	0 0
13 Oklahoma Child Care Credit (20% of federal credit allowed • enclose a copy of your Federal return)	13	0 0
14 Balance (Subtract line 13 from line 12. If zero or less, enter "0")	14	0 0
15 Oklahoma Income Tax Withheld (enclose all W-2s and any 1099's having withholding)	15	0 0
16 Low Income Sales Tax Refund/Credit (enclose Form 538-S)	16	0 0
17 **Total**: Add lines 15 and 16	17	0 0
18 If line 17 is larger than line 14, amount you have overpaid. (subtract line 14 from line 17)	18	0 0

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Complete this area if you wish to donate from your refund:

19a Okla. Wildlife Diversity Program [ ]$2 [ ]$5 or [ ]$ _____ 0 0

19b Low Income Health Care Fund [ ]$2 [ ]$5 or [ ]$ _____ 0 0

19c Veterans Affairs Capital Improvement Program [ ]$2 [ ]$5 or [ ]$ _____ 0 0

19d Okla. Breast Cancer Program [ ]$2 [ ]$5 or [ ]$ _____ 0 0

19 Total Deductions from refund amount (add lines 19A-D)	19	0 0
20 Amount to be refunded to you (subtract line 19 from line 18) . . . **Refund**	20	0 0
21 If line 14 is larger than line 17, enter tax due (subtract line 17 from line 14) . . . **Tax Due**	21	0 0

New Direct Deposit Option: **(Please see instructions)**

Yes! Please deposit my refund in my ☐ checking account ☐ savings account

Routing Number ➡ Account Number ➡

Please check here if the Oklahoma Tax Commission may discuss this return with your tax preparer. ☐

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