

# State of Oklahoma

## Non-Resident or Part-Year Resident Income Tax Return

For Office Use Only

**1997**  
FORM  
511NR

The original form is to 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 -1-1997

**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**

If filing an amended return, please place an "X" in the space provided, in the upper right hand corner of this form, next to the form number. Example: (511NR X)

- Filing Status**
- 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 \_\_\_\_)

**Residency Status**

- Non-Resident(s) (State of Residence) \_\_\_\_\_
- Part-Year Resident(s) - From \_\_\_\_\_ to \_\_\_\_\_
- Resident/Part-Year Resident/Non-Resident

Please Check One  
State of residence - Husband \_\_\_\_\_ Wife \_\_\_\_\_

**EXEMPTIONS**

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

**65 OR OVER (See Instructions)**

Yourself  Spouse

**START HERE - To arrive at Oklahoma Adjusted Gross Income. For lines 1 through 18a: In the Federal column enter all of the amounts from your Federal Tax Return. See the instructions to figure the amounts to report in the Oklahoma column.**

- 1 Wages, salaries, tips, etc. ....
  - 2 Taxable interest income .....
  - 3 Dividend income .....
  - 4 Taxable refunds (state income tax) .....
  - 5 Alimony received .....
  - 6 Business income or (loss)(federal schedule C) .....
  - 7 Capital gain or (loss)(federal schedule D) .....
  - 8 Other gains or losses (federal form 4797) .....
  - 9 Taxable IRA distributions .....
  - 10 Taxable pensions and annuities .....
  - 11 Rental real estate, royalties, partnerships, etc. ....
  - 12 Farm income (loss) .....
  - 13 Unemployment compensation .....
  - 14 Taxable social security benefits (also enter on line 24 below) .....
  - 15 Other income (Identify: \_\_\_\_\_ ) .....
  - 16 Add lines 1 through 15 .....
  - 17 Total federal adjustments to income (Identify: \_\_\_\_\_ ) .....
  - 18 **Oklahoma source income. (Line 16 minus line 17)** .....
  - 18a **Federal adjusted gross income. (Line 16 minus line 17)** .....
- Oklahoma Additions and Subtractions (see instructions)**
- 19 State and municipal bond interest (not specifically exempt) .....
  - 20 Other additions (identify: \_\_\_\_\_ ) .....
  - 21 Add lines (18a, 19, and 20), (18, 19 and 20) .....
  - 22 Interest on U.S. obligations (exempt by federal statute) .....
  - 23 Non-resident Military Wages (exempt by federal statute) .....
  - 24 Taxable social security (from line 14) .....
  - 25 Pensions exempt by statute included in line 10 above .....
  - 26 Other retirement income (see instructions for worksheet) .....
  - 27 Other year net operating loss (return for loss year must be filed) .....
  - 28 Other subtractions: Enter number  for type of deduction (see instructions) .....
  - 29 Total Oklahoma subtractions (add lines 22 through 28) .....
  - 30 Adjusted gross income - OKLA. SOURCE (line 21 minus line 29) .....
  - 30a Adjusted gross income - ALL SOURCES (line 21 minus line 29) .....

**ROUND TO NEAREST DOLLAR**

	Federal Amount	Oklahoma Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
18a		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
30a		

- Deductions and Exemptions**
- 31 Federal Itemized or Oklahoma Standard Deduction (See instructions) .....
  - 32 Total number of exemptions claimed above \_\_\_\_\_ X \$1,000 .....
  - 33 Total (Add lines 31 and 32) (Enter here and on line 52) .....

31		
32		
33		

**Federal Income Tax Deduction**

34	1997 Federal income tax (not the amount of tax withheld) (see instructions)	34		00
35	Percentage allowable: Divide line 30a by line 18a (limited to 100%). If line 30a is equal to or larger than 18a enter 100%.	35		%
36	Multiply line 34 by line 35. (Enter here and on line 55)	36		00

**Credit for Child Care (part-year residents and military only)**

37	Federal child care credit (See instructions and enclose copy of 2441 and page 2 of 1040 or schedule 2 and 1040A)	37		00
38	Multiply line 37 by 20%	38		00
39	Percentage allowable: Divide line 30a by line 18a (limited to 100%). If line 30a is equal to or larger than 18a enter 100%.	39		%
40	Oklahoma child care credit. (multiply line 38 by line 39) (Enter here and on line 59)	40		00

**Adjustments Necessary to Arrive at Taxable Income**

41	<b>Adjusted Gross Income - ALL SOURCES (page 1, line 30a)</b>	41		00
42	Partial military pay exclusion (not retirement, see instructions)	42		00
43	Qualifying disability deduction (part-year residents only)	43		00
44	Political contributions (limited to \$100 single, \$200 joint)	44		00
45	Interest qualifying for exclusion (limited to \$100 single, \$200 joint)	45		00
46	Qualified medical savings account (see instructions)	46		00
47	Qualified adoption expense (see instructions)	47		00
48	Agricultural commodity processing facility exclusion (see instructions)	48		00
49	Depreciation adjustment for swine or poultry producers (see instructions)	49		00
50	Total (add lines 42 through 49)	50		00
51	Income after adjustments (subtract line 50 from line 41)	51		00
52	Deductions and exemptions (from page 1, line 33)	52		00
53	Taxable income for method I (subtract line 52 from line 51)	53		00
54	Tax from Tax Table I	54		00
55	Federal income tax deduction (from line 36)	55		00
56	Taxable income for method II (subtract line 55 from line 53)	56		00
57	Tax from Tax Table II	57		00

ROUND TO  
NEAREST  
DOLLAR

**Tax Computation • Credits • Refund or Amount Due**

58	Tax from Tax Table - enter lesser of line 54 or line 57	58		00
59	Credit for child care (from line 40)	59		00
60	Subtract line 59 from line 58. (This is your tax base)	60		00
61	Income Percentage <u>Oklahoma Amount</u> (From line 30) / <u>Federal Amount</u> (From line 30a)	61		%
62	Multiply line 60 by line 61 (THIS IS YOUR OKLAHOMA INCOME TAX)	62		00
63	Investment/New jobs credit (enclose form 506)	63		00
64	Credit for tax paid another state (enclose Oklahoma schedule E)	64		00
65	Oklahoma agricultural producer credit (enclose form 520)	65		00
66	Credits from form 511 CR	66		00
67	Total (add lines 63, 64, 65 and 66)	67		00
68	Balance (subtract line 67 from line 62, but not less than zero)	68		00
69	OKLAHOMA income tax withheld (enclose W-2 or 1099's)	69		00
70	a. 1997 Oklahoma estimated tax payments <input type="checkbox"/> <b>70a</b> 00 Check box if qualified farmer b. 1997 Payments with extension <input type="checkbox"/> <b>70b</b> 00 c. Total (add lines 70a and 70b) <b>70c</b> 00	70		00
71	Health insurance credit (enclose form 534)(employers only)	71		00
72	Total (add lines 69, 70c, and 71)	72		00
73	If line 72 is larger than line 68 enter amount overpaid <b>Overpaid</b>	73		00
74	Amount of line 73 to be credited on 1998 estimated tax	74		00
75	a. Oklahoma Wildlife Diversity Program <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$ <b>75a</b> 00 b. Low Income Health Care Fund <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$ <b>75b</b> 00 c. Veterans Affairs Capital Improvement Program <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$ <b>75c</b> 00 d. Breast Cancer Research Program <input type="checkbox"/> \$2, <input type="checkbox"/> \$5, or <input type="checkbox"/> \$ <b>75d</b> 00	75		00
76	TOTAL (add lines 75 a, b, c and d)	76		00
77	Amount to be refunded to you (subtract lines 74 and 76 from line 73) <b>Refund</b>	77		00
78	If line 68 is larger than line 72 enter tax due <b>Tax Due</b>	78		00
79	Underpayment of Estimated Tax, penalty, 5% , interest (enclose OW-8-P)	79		00

DEDUCTIONS FROM REFUND:

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

Taxpayer's signature	Date
Spouse's signature	Date
Paid Preparer's signature	I.D. Number
Paid Preparer's Address	Phone Number

80	For delinquent payment, add penalty of 5% plus interest at 1 1/4% per month.	80		00
81	Total tax, penalty, and interest (Add lines 78, 79 and 80) <b>Balance Due</b>	81		00

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

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

**A COPY OF YOUR FEDERAL RETURN MUST BE ENCLOSED.**

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