

1999 FORM 511NR:

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 January 1 - December 31, 1999, or other taxable year beginning _____, 1999 ending _____.

STATE OF OKLAHOMA INCOME TAX RETURN

Your Social Security Number and Spouse's Social Security Number input fields.

PLEASE USE LABEL PRINT OR TYPE: Print first name and initial, Present home address, City, State and Zip.

FILING STATUS: 1 Single, 2 Married filing joint return, 3 Married filing separate, 4 Head of household, 5 Qualifying widow(er).

RESIDENCY STATUS: Nonresident(s), Part-Year Resident(s), Resident/Part-Year Resident/Nonresident.

EXEMPTIONS: REGULAR, SPECIAL, BLIND. YOURSELF, SPOUSE. ADD THE TOTALS FROM THE 4 SHADED BOXES. WRITE THE TOTAL IN THE BOX BELOW AND ALSO ON LINE 33. PLEASE NOTE: If you may be claimed as a dependent on another return, enter "0" exemptions for yourself.

65 OR OVER (See Instructions on page 4 of packet) Yourself Spouse

START HERE to Arrive at Oklahoma Adjusted Gross Income. Lines 1 through 18A: In the Federal column, enter all of the amounts from your Federal Tax Return.

ROUND TO THE NEAREST DOLLAR FEDERAL AMOUNT OKLAHOMA AMOUNT

Table with 2 columns: Description (lines 1-19) and Amount (Federal and Oklahoma). Includes items like Wages, salaries, tips, etc.

OKLAHOMA ADDITIONS AND SUBTRACTIONS (SEE INSTRUCTIONS)

Table with 2 columns: Description (lines 20-31) and Amount (Federal and Oklahoma). Includes items like State and municipal bond interest, Other additions.

DEDUCTIONS AND EXEMPTIONS

Table with 2 columns: Description (lines 32-34) and Amount (Federal and Oklahoma). Includes Oklahoma standard or Federal itemized deduction, Total number of exemptions.

If filing an amended return, please place an "X" in the space provided next to the Form number: "511NR"

FEDERAL INCOME TAX DEDUCTION

35	1999 Federal income tax (not the amount withheld) (see instructions)	35		00
36	Percentage allowable: Divide line 31 by line 19. If line 31 is equal to or larger than 19, enter 100%.	36		%
37	Multiply line 35 by line 36. (Enter the result here and on line 56)	37		00

CREDIT FOR CHILD CARE: (PART-YEAR AND MILITARY ONLY)

38	Federal child care credit (see instructions and enclose a copy of 2441 and page 2 of 1040 or Sch. 2 and 1040A)	38		00
39	Multiply line 38 by 20%	39		00
40	Percentage allowable: Divide line 31 by line 19. If line 31 is equal to or larger than 19, enter 100%	40		%
41	Oklahoma child care credit (multiply line 39 by line 40) (enter the result here and on line 60)	41		00

ADJUSTMENTS NECESSARY TO ARRIVE AT TAXABLE INCOME

42	Adjusted Gross Income - All Sources (page 1, line 31)	42		00
43	Partial military pay exclusion (not retirement, see instructions)	43		00
44	Qualifying disability deduction (part-year residents only)	44		00
45	Political contributions (limited to \$100 single, \$200 joint)	45		00
46	Interest qualifying for exclusion (limited to \$100 single/\$200 joint)	46		00
47	Qualified medical savings account (see instructions)	47		00
48	Qualified adoption expense (see instructions)	48		00
49	Agricultural commodity processing facility exclusion (see instr.)	49		00
50	Depreciation adjustment for swine or poultry producers (see instr.)	50		00
51	Total (add lines 43 through 50)	51		00
52	Income after adjustments (subtract line 51 from line 42)	52		00
53	Deductions and exemptions (from page 1, line 34)	53		00
54	Taxable income for METHOD 1 (subtract line 53 from line 52)	54		00
55	Tax from Tax Table 1	55		00
56	Federal income tax deduction (from line 37)	56		00
57	Taxable income for METHOD 2 (subtract line 56 from line 54)	57		00
58	Tax from Tax Table 2	58		00

ROUND
TO THE
NEAREST
DOLLAR

TAX COMPUTATION • CREDITS • REFUND OR TAX DUE

59	Tax from Tax Table (enter the lesser of line 55 or 58)	59		00					
60	Credit for child care (from line 41)	60		00					
61	Subtract line 60 from line 59 (this is your tax base)	61		00					
62	Income percentage: Oklahoma Amount (from line 30) / Federal Amount (from line 31) =	62		%					
63	Multiply line 61 by line 62 (This is your Oklahoma Income Tax)	63		00					
64	Investment/New Jobs credit (enclose Form 506)	64		00					
65	Credit for tax paid to another state (enclose Okla. Schedule E)	65		00					
66	Credits from Form 511CR	66		00					
67	Total (add lines 64, 65, and 66)	67		00					
68	Balance (subtract line 67 from line 63, but not less than zero)	68		00					
69	Oklahoma income tax withheld (enclose W-2 or 1099's)	69		00					
70	1999 Oklahoma estimated tax payments Check box if qualified farmer <input type="checkbox"/>	70		00					
71	1999 payments with extension	71		00					
72	Total (add lines 69, 70 and 71)	72		00					
73	If line 72 is larger than line 68, enter the amount overpaid Overpaid	73		00					
74	Amount of line 73 to be credited on 2000 estimated tax	74		00					
75	<table border="0" style="width: 100%;"> <tr> <td>Complete this area if you wish to donate from your refund:</td> <td>Oklahoma Wildlife Diversity Program 75A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00</td> <td>Veterans Affairs Capital Improvement Program 75c <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00</td> </tr> <tr> <td></td> <td>Low Income Health Care Fund 75B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00</td> <td>Oklahoma Breast Cancer Research Program 75D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00</td> </tr> </table>	Complete this area if you wish to donate from your refund:	Oklahoma Wildlife Diversity Program 75A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00	Veterans Affairs Capital Improvement Program 75c <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00		Low Income Health Care Fund 75B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00	Oklahoma Breast Cancer Research Program 75D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00		
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76	Total (add lines 75A, 75B, 75c and 75D)	76		00					
77	Amount to be refunded to you (subtract lines 74 and 76 from line 73) Refund	77		00					
78	If line 68 is larger than line 72, enter the tax due Tax Due	78		00					
79	Underpayment of estimated tax, penalty and interest (enclose OW-8-P)	79		00					
80	For delinquent payment, add penalty of 5% _____ plus interest at 1.25% per month _____	80		00					
81	Total tax, penalty, and interest (add lines 78, 79 and 80) Balance Due	81		00					

A COPY OF YOUR FEDERAL RETURN MUST BE ENCLOSED.

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

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