

2000 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 OFFICE USE ONLY

**NONRESIDENT
OR
PART-YEAR
RESIDENT**

For the year January 1 - December 31, 2000, or other taxable year beginning _____, 2000 ending _____.

STATE OF OKLAHOMA INCOME TAX RETURN

Your Social Security Number →

Spouse's Social Security Number →

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

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 SSN and name here

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child (year spouse died _____)

RESIDENCY STATUS

PLEASE CHECK ONE

Nonresident(s) State of Residence: _____

Part-Year Resident(s) From _____ to _____

Resident/Part-Year Resident/Nonresident

State of Residence: Husband _____ Wife _____

EXEMPTIONS

	REGULAR	SPECIAL	BLIND
YOURSELF	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPOUSE	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF DEPENDENT CHILDREN <input type="text"/>			
NUMBER OF OTHER DEPENDENTS <input type="text"/>			

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 19: 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 gains or losses (Federal Schedule D)	
8	Other gains or losses (Federal Form 4797)	
9	Taxable IRA distribution	
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 25 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)	
19	Federal adjusted gross income (line 16 minus line 17)	

ROUND TO THE NEAREST DOLLAR	
FEDERAL AMOUNT	OKLAHOMA AMOUNT
1	00
2	00
3	00
4	00
5	00
6	00
7	00
8	00
9	00
10	00
11	00
12	00
13	00
14	00
15	00
16	00
17	00
18	00
19	00

OKLAHOMA ADDITIONS AND SUBTRACTIONS (SEE INSTRUCTIONS)

20	State and municipal bond interest (not specifically exempt)	
21	Other additions (identify: _____)	
22	Add lines (Fed. 19, 20 and 21) and then (Okla. 18, 20 and 21)	
23	Interest on U.S. obligations (exempt under Federal statute)	
24	Nonresident military wages (exempt under Federal statute)	
25	Taxable Social Security (from line 14)	
26	Pensions exempt by statute included in line 10 above	
27	Other retirement income (see instructions for worksheet)	
28	Other subtractions: Enter number for type of deduction <input type="checkbox"/> (see instructions)	
29	Total Oklahoma subtractions (add lines 23 through 28)	
30	Adjusted gross income: Okla. Source (line 22 minus line 29)	
31	Adjusted gross income: All Sources (line 22 minus line 29)	

20	00	00
21	00	00
22	00	00
23	00	00
24	00	00
25	00	00
26	00	00
27	00	00
28	00	00
29	00	00
30	00	00
31	00	00

DEDUCTIONS AND EXEMPTIONS

32	Oklahoma standard or Federal itemized deduction (see instructions)	
33	Total number of exemptions claimed above _____ x \$1,000	
34	Total (add lines 32 and 33) Enter total here and on line 53	

32	00	
33	00	
34	00	

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

FEDERAL INCOME TAX DEDUCTION

35	2000 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	Indian Employment Exclusion	49		00
50	Other: Enter number in box for type of adjustment <input type="checkbox"/>	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	Other credits (enclose Form 511CR and appropriate forms) <input type="checkbox"/>	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	2000 Oklahoma estimated tax payments Check box if qualified farmer <input type="checkbox"/>	70		00
71	2000 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 2001 estimated tax	74		00
75	Complete this area if you wish to donate from your refund:			
	Low Income Health Care Fund 75B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ <input type="text" value="00"/>			
	Oklahoma Breast Cancer Research Program 75D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ <input type="text" value="00"/>			
	Oklahoma Wildlife Diversity Program 75A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ <input type="text" value="00"/>			
	Veterans Affairs Capital Improvement Program 75C <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ <input type="text" value="00"/>			
	Oklahoma City Bombing Memorial Fund 75E <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ <input type="text" value="00"/>			
76	Total (add lines 75A, 75B, 75C, 75D and 75E)	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 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 _____