



25	Adjusted gross income: <b>All Sources</b> (from page 1, line 24) . . . . .	25	00						
26	Adjustments to adjusted gross income (511NR Schedule C, line 12) . . . . .	26	00						
27	Oklahoma income after adjustments (line 25 minus line 26) . . . . .	27	00						
28	Oklahoma standard or Federal itemized deductions . . . . . 28								
29	Exemptions (\$1000 x number of exemptions claimed on pg. 1) 29								
30	Total deductions and exemptions (add lines 28-29) . . . . .	30	00						
31	<b>Oklahoma taxable income: METHOD 1</b> (line 27 minus line 30) . . . . .	31	00						
32	Tax from <b>Tax Table 1</b> . . . . . 32								
If line 24 is equal to or larger than line 19, complete line 33. If line 24 is smaller than line 19, see 511NR Schedule D.									
33	Federal income tax deduction: (see instructions) . . . . .	33	00						
34	<b>Oklahoma taxable income: METHOD 2</b> (line 31 minus line 33) . . . . .	34	00						
35	Tax from <b>Tax Table 2</b> . . . . . 35								
36	Oklahoma Income Tax Enter lesser of line 32 or 35 or, if using Farm Income Averaging, total from Form 573, line 42 & check here <input type="checkbox"/> 36	36	00						
37	Oklahoma child care credit (see instructions) . . . . .	37	00						
38	Subtract line 37 from line 36 (this is your tax base) . . . . .	38	00						
39	Income percentage: <b>Oklahoma Amount</b> (from line 23) <b>Federal Amount</b> (from line 24) <div style="display: flex; align-items: center; justify-content: center;"> <span style="border: 1px solid black; padding: 2px 10px;">a)</span> <span style="font-size: 2em; margin: 0 5px;">÷</span> <span style="border: 1px solid black; padding: 2px 10px;">b)</span> <span style="margin: 0 5px;">=</span> </div>	39	%						
40	Multiply line 38 by line 39 ( <b>This is your Oklahoma Income Tax</b> ) . . . . .	40	00						
41	Credit for taxes paid to another state (enclose Form 511TX) <i>nonresidents do not qualify</i> . . . . .	41	00						
42	Other nonrefundable credits (511CR) <i>List 511CR line number claimed here</i> <input style="width: 50px;" type="text"/> 42	42	00						
43	Balance (line 40 minus lines 41 and 42) . . . . .	43	00						
44	Oklahoma withholding (enclose W-2's and 1099's having withholding) . . . . . 44	44	00						
45	2001 Oklahoma estimated tax payments <i>..(qualified farmer <input type="checkbox"/>)</i> 45	45	00						
46	2001 payment with extension . . . . . 46	46	00						
47	Total payments (add lines 44- 46) . . . . .	47	00						
48	Overpayment (if line 47 is greater than line 43) <i>subtract line 43 from line 47</i> <b>OVERPAYMENT</b> 48	48	00						
49	Amount from line 48 to be credited to your 2002 estimated tax . . . . .	49	00						
50	Donations from your refund: <table style="width:100%; font-size: x-small; border-collapse: collapse;"> <tr> <td style="width:33%;">Oklahoma Wildlife Diversity Program 50A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> <td style="width:33%;">Veterans Affairs Capital Improvement Program 50c <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> <td style="width:33%;">Oklahoma City Bombing Memorial Fund 50E <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> </tr> <tr> <td>Low Income Health Care Fund 50B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> <td>Oklahoma Breast Cancer Research Program 50D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> <td>Oklahoma Organ Donor Education Fund 50F <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00</td> </tr> </table>	Oklahoma Wildlife Diversity Program 50A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00	Veterans Affairs Capital Improvement Program 50c <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00	Oklahoma City Bombing Memorial Fund 50E <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00	Low Income Health Care Fund 50B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00	Oklahoma Breast Cancer Research Program 50D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00	Oklahoma Organ Donor Education Fund 50F <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> 00		
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51	Amount to be refunded (line 48 minus lines 49 and 50 A-F) . . . . . <b>REFUND</b>	51	00						
52	Tax due (if line 43 is greater than line 47) <i>subtract line 47 from line 43</i> . . . . . <b>TAX DUE</b>	52	00						
53	Donation: Oklahoma organ donor education fund . . . . . <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ <input style="width: 40px;" type="text"/> . . . . .	53	00						
54	Underpayment of estimated tax . . . . . <i>(annualized installment method <input type="checkbox"/>)</i> . . . . .	54	00						
55	Delinquent payment (add penalty of 5% plus interest at 1.25% per month) . . . . .	55	00						
56	Total tax, penalty and interest (add lines 52-55) . . . . . <b>BALANCE DUE</b>	56	00						

**DIRECT DEPOSIT OPTION:**

For instructions, please see page 11 in your Tax Packet.

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

Routing Number:

Account Number:

Check the box above if the Tax Commission may discuss this return with your tax preparer.

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

Taxpayer's signature   
 Date \_\_\_\_\_ Taxpayer's occupation \_\_\_\_\_

Spouse's signature   
 Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Paid Preparer's signature   
 Paid Preparer's address and phone number \_\_\_\_\_  
 Paid Preparer's SSN, EIN or PTIN \_\_\_\_\_

**A COPY OF YOUR FEDERAL RETURN MUST BE ENCLOSED.**  
**Please remit to:**  
**Oklahoma Tax Commission, P.O. 26800, Oklahoma City, OK 73126-0800**

Name(s) shown on Form 511NR \_\_\_\_\_

Your Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# FORM 511NR SCHEDULE A

## Oklahoma Additions

See instructions for detail on qualification and enclosures.

	FEDERAL AMOUNT	OKLAHOMA AMOUNT
1 State and municipal bond interest . . . . .	00	00
2 Lump sum distributions (not included in your Federal AGI) . . . . .	00	00
3 Federal net operating loss . . . . .	00	00
4 Recapture depletion claimed on a lease bonus . . . . .	00	00
5 Losses from the sale of exempt government obligations or other additions (describe _____)	00	00
6 <b>Total additions</b> . . . . . (add lines 1-5, enter total here and on line 20 of Form 511NR)	00	00

# FORM 511NR SCHEDULE B

## Oklahoma Subtractions

See instructions for detail on qualification and enclosures.

	FEDERAL AMOUNT	OKLAHOMA AMOUNT
1 Interest on U.S. government obligations . . . . .	00	00
2 Taxable Social Security (from Form 511NR, line 14) . . . . .	00	00
3 Oklahoma or Federal government retirement . . . . .	00	00
4 Other retirement income . . . . .	00	00
5 U.S. Railroad Retirement Board Benefits . . . . .	00	00
6 Additional depletion . . . . .	00	00
7 Oklahoma net operating loss . . . . .	00	00
8 Exempt tribal income . . . . .	00	00
9 Gains from the sale of exempt government obligations . . . . .	00	00
10 Nonresident military wages . . . . .	00	
11 Miscellaneous: Other subtractions . . . . . (enter number in box for the type of deduction <input type="text"/> )	00	00
12 <b>Total subtractions</b> . . . . . (add lines 1-11, enter total here and on line 22 of Form 511NR)	00	00

# FORM 511NR SCHEDULE C

## Adjustments to AGI

See instructions for detail on qualification and enclosures.

1 Partial military pay exclusion (not retirement) . . . . .		00
2 Qualifying disability deduction (residents and part-year residents only) . . . . .		00
3 Political contribution (limited to \$100 single or \$200 joint) . . . . .		00
4 Interest qualifying for exclusion (limited to \$100 single or \$200 joint) . . . . .		00
5 Qualified medical savings account (not deducted on your Federal return) . . . . .		00
6 Qualified adoption expense . . . . .		00
7 Agricultural commodity processing facility exclusion . . . . .		00
8 Accelerated Oklahoma depreciation for swine or poultry producers . . . . .		00
9 Indian employment exclusion . . . . .		00
10 Discharge of indebtedness for farmers . . . . .		00
11 Oklahoma Police Corps Program Scholarship or Stipend . . . . .		00
12 <b>Total Adjustments</b> (add lines 1-11, enter total here and on line 26 of Form 511NR) . . . . .		00

Name(s) shown on Form 511NR

Your Social Security Number

**FORM 511NR SCHEDULE D**

**Federal Income Tax Deduction Computation Worksheet**

*Federal income taxes are deductible only to the extent they relate to income subject to taxation in Oklahoma. Federal income tax must be prorated on the ratio of Adjusted Gross Income: All Sources to the Federal Adjusted Gross Income.*

<b>1</b>	2001 Federal income tax (amount paid, not amount withheld) . . . . .		00
<b>2</b>	Divide the amount on line 24 of Form 511NR by the amount on line 19 of Form 511NR  <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <input style="width: 150px; height: 25px;" type="text"/> <span>÷</span> <input style="width: 150px; height: 25px;" type="text"/> </div>		
	Enter the percentage from the above calculation here . . . . .	%	
<b>3</b>	<b>Allowable Federal income tax deduction</b> (multiply line 1 by percentage on line 2, enter total here and on line 33 of Form 511NR) . . . . .	00	

**FORM 511NR SCHEDULE E**

**Child Care Credit Computation Worksheet**

*If you are allowed a credit for child care expenses on your Federal return, there shall be allowed to a resident individual, part-year resident individual, or nonresident military individual, a credit against the Oklahoma tax equal to 20% of the credit for child care expenses allowed under the Internal Revenue Code of the United States. The credit must be prorated on the ratio of Adjusted Gross Income: All Sources to Federal Adjusted Gross Income. Enclose a copy of Federal Form 2441 and page 2 of Form 1040 or Form 1040A, including Schedule 2.*

*Note: Do not use the Federal child care credit when computing the Oklahoma credit. The Oklahoma child care credit is based on a percentage of the Federal child care credit only.*

<b>1</b>	Federal child care credit . . . . .		00
<b>2</b>	Multiply line 1 by 20% . . . . .	00	
<b>3</b>	Divide the amount on line 24 of Form 511NR by the amount on line 19 of Form 511NR  <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <input style="width: 150px; height: 25px;" type="text"/> <span>÷</span> <input style="width: 150px; height: 25px;" type="text"/> </div>		
	Enter the percentage from the above calculation here . . . . .	%	
<b>4</b>	<b>Oklahoma child care credit</b> . . . . . (multiply line 2 by line 3, enter total here and on line 37 of Form 511NR)	00	