

# Return of Organization Exempt from Income Tax

Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, Oklahoma 73126-0800

Section 501 (c) of the Internal Revenue Code

Tax Year 2001

FORM **512E**

For the year 01-01-2001-12-31-2001 or other taxable year beginning     -    -2001 ending     -    -    

Date Qualified for tax exempt status	Name of organization	Federal identification number
	Address number and street	OFFICE USE ONLY
	City, State and Zip	

Enter the name and address used on your return for prior year (if same write same). If none filed, give reason.

(Please read instructions on page 2)

## STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME

	Total Federal	Allocable Oklahoma
Total Unrelated Trade or Business Income - Federal Form(s) 990 .....		
Total Unrelated Trade or Business Deductions - Federal Form(s) 990 ...		
Unrelated Business Taxable Income (Enter on Line 1 below) .....		

### INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable Oklahoma) .....	1	
2	Other net income - enclose schedule .....	2	
3	Oklahoma taxable income (total of lines 1 and 2) .....	3	

### TAX

4	Tax at 6% of Line 3 (If Trust - See Rate Schedule on page 2) .....	4	
5	Tax Paid on Estimate .....	5	
6	Overpayment (if line 5 is larger than line 4) enter amount overpaid .....	6	
7	Amount of Line 6 to be credited to the following year estimated tax .....	7	
Deductions from refund: If you wish to donate from your tax refund, check and enter amount			
8	Oklahoma Wildlife Diversity Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ .....	8	
9	Veterans Affairs Capital Improvement Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ .....	9	
10	Oklahoma Breast Cancer Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ .....	10	
11	Oklahoma City Bombing Memorial Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ .....	11	
12	Add lines 7, 8, 9, 10 and 11 and enter amount .....	12	
13	Amount to be refunded to you (Line 6 minus line 12) .....	13	REFUND
14	Tax Due (if line 4 is larger than line 5) enter tax due .....	14	TAX DUE
15	For Delinquent Payment, add Penalty of 5% _____ plus Interest at 1 1/4% per month	15	
16	Underpayment of Estimated Tax Interest .....	16	
17	Total Penalty and Interest (Add Lines 15 and 16) .....	17	
18	Total Tax, Penalty and Interest Due - Pay in Full with Return .....	18	BALANCE

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

**Under penalties of perjury, I declare that I have examined this return, including accompanying returns, schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.**

_____	_____	_____
Date	Signature of officer or trustee	Title
_____	_____	_____
Date	Signature of individual or firm preparing this return	Address

## Instructions

- A.** Every organization shall make a return for each year. Title 68 O.S. 1991 § 2368.
- B.** The filing date shall be the same as required by the Internal Revenue Code.
- C.** Exempt Organizations are subject to tax on unrelated business income. Title 68 O.S. 1991 § 2359.
- D.** Investment income of Exempt Organizations subject to Federal Excise tax is not subject to Oklahoma Income Tax; however, any income subject to Income tax under Internal Revenue Code is subject to Oklahoma Income Tax.
- E.** Complete the Oklahoma Statement of Unrelated Business Income and attach schedule of any other taxable income.
- F.** Total Unrelated Trade or Business Deductions includes the \$1,000 specific deduction allowed on the Federal return.
- G.** Attach copies of applicable Form(s) 990, and supporting schedules filed with Internal Revenue Service.
- H.** If you do not have a Federal Employers Identification number, obtain the form SS-4 from Internal Revenue Service. Fill out the form SS-4, then call Internal Revenue Service at (512) 460-7843 to obtain the Employer Identification number.

**NOTE: If Exempt Organization is a Trust, the following tax rates apply.**

If taxable income is:			
At least	But less than		
-0-	1,000	.....	<b>Pay 1/2 of 1% of Taxable Income</b>
1,000	2,500	.....	<b>Pay ..... 5.00 + 1% over .... 1,000</b>
2,500	3,750	.....	<b>Pay ..... 20.00 + 2% over .... 2,500</b>
3,750	4,900	.....	<b>Pay ..... 45.00 + 3% over .... 3,750</b>
4,900	6,200	.....	<b>Pay ..... 79.50 + 4% over .... 4,900</b>
6,200	7,700	.....	<b>Pay .... 131.50 + 5% over .... 6,200</b>
7,700	10,000	.....	<b>Pay .... 206.50 + 6% over .... 7,700</b>
10,000	over	.....	<b>Pay ..... 344.50 + 6.75% over .. 10,000</b>