**Return of Organization Exempt from Income Tax**

For the year [01-01-    ]-12-31-    , or other taxable year beginning     ending     

<table>
<thead>
<tr>
<th>Date Qualified for tax exempt status</th>
<th>Name of organization</th>
<th>Federal identification number</th>
</tr>
</thead>
<tbody>
<tr>
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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**

<table>
<thead>
<tr>
<th>Total Federal</th>
<th>Allocable Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Income Subject to Tax**

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

**TAX**

4. Tax at 6% of Line 3 (If Trust - See Rate Schedule on page 2) ..................................
5. Tax Paid on Estimate .................................................................................................
6. Overpayment (if line 5 is larger than line 4) enter amount overpaid ..........................
7. Amount of Line 6 to be credited to the following year estimated tax ..........................

Deductions from refund: If you wish to donate from your tax refund, check and enter amount

8. Oklahoma Wildlife Diversity Program □ $2 □ $5 or □ $ ________ ............................... 8
9. Veterans Affairs Capital Improvement Program □ $2 □ $5 or □ $ ________ ...... 9
10. Oklahoma Breast Cancer Program □ $2 □ $5 or □ $ ________ ................................. 10
11. Add lines 7, 8, 9, and 10 and enter amount .............................................................. 11
12. Amount to be refunded to you (Line 6 minus line 11) .............................................. REFUND 12
13. Tax Due (if line 4 is larger than line 5) enter tax due ........................................... TAX DUE 13
14. For Delinquent Payment, add Penalty of 5% _______ plus Interest at 1 1/4% per month 14
15. Underpayment of Estimated Tax Interest .................................................................... 15
16. Total Penalty and Interest (Add Lines 14 and 15) .................................................... 16
17. Total Tax, Penalty and Interest Due - Pay in Full with Return ................................. BALANCE 17

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. Tax rates for year beginning after December 31, 1998:

<table>
<thead>
<tr>
<th>If taxable income is:</th>
<th>At least</th>
<th>But less than</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0-</td>
<td>-</td>
<td>1,000</td>
</tr>
<tr>
<td>1,000</td>
<td>-</td>
<td>2,500</td>
</tr>
<tr>
<td>2,500</td>
<td>-</td>
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<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>10,000</td>
<td>-</td>
<td>over</td>
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</table>