

Form 512 Test Scenario 2

Anywork Finance Incorporated

11-0000003

Test Scenario 2 uses the Federal Form 1120 Test Scenario 3

Corrections to Balance Sheet -

Line Reference	Correct Amount	Incorrect Amount
Form 1120, Schedule L, Line 10a, Column D	250,072,971	139,197,191

Deviations from Test Package Federal Form 1120:

1120, page 1: Change the corporation's City, State and Zip to:
Oklahoma City, OK 73132.

Increase Dividend income by 2,622,846 and add a deduction for Taxes (Form 1120, line 17) of 2,622,846. The Taxable Income will not change.

Forms Required: 512, OW-8-P

Misc. Additional Information –

- Check the box to allow the Oklahoma Tax Commission to speak to the paid preparer.
- The income for Help for All, Inc. is all within Oklahoma.

Information needed to complete **Additional Information** section –

- The location of principal accounting records is the same as the address on the return.
- The Internal Revenue Service has not redetermined the company's tax liability for a prior year.
- The statute of limitations for any prior year has not been extended by consent.
- The business name is the same as on the tax return.
- The principal location in Oklahoma is the same as on the tax return.
- The date business began in Oklahoma was 8/1/1985.

Additional Information used to compute **Underpayment of Estimated Tax Interest** (Form OW-8-P)

Tax liability shown on the previous year's return = 1,950,000

Quarter	Quarterly Due Date	Quarterly Payment
1 st Quarter	4/15/14	400,000
2 nd Quarter	6/16/14	400,000
3 rd Quarter	9/15/14	400,000
4 th Quarter	1/15/15	400,000

Note: the 2nd quarter due date falls on Monday (16th). When computing underpayment of estimated tax, adjust the quarterly due date to the 16th.

Tax Return filed and tax paid on 3/10/15



CORPORATION INCOME TAX RETURN

State of Oklahoma

If this is a final return, place an 'X' here:

AMENDED RETURN!
If this is an Amended Return place an 'X' here
See Schedule 512-X on page 5.

For the year January 1 - December 31, 2014, or other taxable year beginning: , 2014 , ending: ,

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Name of Corporation: _____
Street Address: _____
City, State or Province, Country and ZIP or Foreign Postal Code: _____

A. Federal Employer Identification Number
B. Business Code Number

Extension
If you have applied for an extension from the IRS, place an 'X' here and enclose a copy.

Type of Return Filed
Separate Consolidated
Oklahoma or (page 3 of instructions)
Federal or

Notice: Enter the amount of Oklahoma net operating loss as shown on Sch. A, line 29(a) or Sch. B, line 6(d) Loss year(s): \$.00

1	Oklahoma taxable income (as shown on Schedule A or B or, if consolidated, from Form 512-TI)	1		00
2	Tax: 6% of line 1	2		00
3	Less: Other Credits Form (total from Form 511CR) (see instructions)..... <input type="text"/>	3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4		00
5	2014 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC)	5	<input type="text"/>	00
6	Amount paid with extension request	6	<input type="text"/>	00
7	Oklahoma withholding (enclose Form 1099, 500-A or other withholding statement)	7	<input type="text"/>	00
8	Refundable Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 578.....	8	<input type="text"/>	00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9	<input type="text"/>	00
10	Any refunds or overpayment applied (amended return only)	10	(<input type="text"/>)	00
11	Total of lines 5 through 10	11		00
12	Overpayment (line 11 minus line 4)	12		00
13	Amount of line 12 to be credited to 2015 estimated tax (original return only) ...	13	<input type="text"/>	00
Line 13 instructions provide you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the line 14 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.				
14	Donations from your refund.... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ . <input type="text"/>	14	<input type="text"/>	00
15	Total (add lines 13 and 14)	15		00
16	Amount of line 12 to be refunded to you (line 12 minus line 15).....Refund \rightarrow	16		00

Direct Deposit Note: \rightarrow
All refunds must be by direct deposit. See Direct Deposit Information on page 12 of the 512 Packet for details.

Is this refund going to or through an account that is located outside of the United States? Yes No
Deposit my refund in my: checking account savings account
Routing Number: Account Number:

17	Tax Due (line 4 minus line 11)	Tax Due \rightarrow	17		00
18	Donation: Public School Classroom Support Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ ..		18		00
19	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/>	19		00
20	For delinquent payment add penalty of 5%..... \$ _____ plus interest of 1.25% per month		20		00
21	Total tax, donation, penalty and interest (add lines 17 - 20).....	Balance Due \rightarrow	21		00

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here:

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge. **Make check payable to the Oklahoma Tax Commission**

Corporate Seal

Signature of Officer _____ Date _____
Title _____
Phone Number _____

Signature of Preparer _____ Date _____
Preparer's Address _____
Phone Number _____ Preparer's PTIN _____

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



SCHEDULE A

Schedule A, Column B is for corporations whose income is all within Oklahoma and/or for corporations whose income is partly within and partly without Oklahoma (not unitary). Enclose a complete copy of your Federal return.

Important: All applicable lines and schedules must be filled in.

Gross Income (lines 1 through 11)		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	Gross receipts or gross sales _____ (less: returns and allowances) 1		
2	Less: Cost of goods sold 2		
3	Gross profit (line 1 minus line 2) 3		
4	Dividends 4		
5	Interest on obligations of the United States and U.S. Instrumentalities 5		
6	(a) Other interest 6a		
	(b) Municipal interest 6b		
7	Gross rents 7		
8	Gross royalties 8		
9	(a) Net capital gains 9a		
	(b) Ordinary gain or [loss] 9b		
10	Other income (enclose schedule) 10		
11	Total income (add lines 3 through 10) 11		

Deductions (lines 12 through 27)			
12	Compensation of officers 12		
13	Salaries and wages 13		
14	Repairs 14		
15	Bad debts 15		
16	Rents 16		
17	Taxes 17		
18	Interest 18		
19	Charitable Contributions 19		
20	Depreciation 20		
21	Depletion (see instructions below) 21		
22	Advertising 22		
23	Pension, profit-sharing plans, etc. 23		
24	Employee benefit programs 24		
25	Domestic production activities deduction 25		
26	Other deductions (enclose schedule) 26		
27	Total Deductions (add lines 12 through 26) 27		

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Totals (lines 28 through 30)			
28	Taxable income before net operating loss deductions and special deductions 28		
29	Less: (a) Net operating loss deduction (schedule) 29a		
	(b) Special deductions 29b		
30	Taxable income (line 28 minus lines 29a & b). Enter Column B on page 1, line 1 30		

Note: Indicate method used to allocate expenses to Oklahoma and enclose schedule of computations.

OKLAHOMA DEPLETION IN LIEU OF FEDERAL DEPLETION - Oklahoma depletion on oil and gas may be computed at 22% of gross income derived from each Oklahoma property during the taxable year. Major oil companies, as defined in 52 Oklahoma Statutes Section 288.2, when computing Oklahoma depletion shall be limited to 50% of the net income (computed without the allowance for depletion) from each property. **Depletion schedule by property must be enclosed with return.**
Note: General and administrative expense (computed on basis of Oklahoma direct expense to total direct expense) must be deducted before applying the 50% test.

ADDITIONAL INFORMATION

Location of Principal Accounting Records

Address _____ City _____ State _____ Zip _____

Has the Internal Revenue Service redetermined your tax liability for prior years? Yes No What years? _____

Did you file amended returns for the years stated above? Yes No N/A

Has the statute of limitations been extended by consent for any prior years? Yes No What years? _____

Business name _____ Date business began in Oklahoma _____

Principal location(s) in Oklahoma _____

Give name, address and relationship of all affiliated corporations - enclose Federal Form 851 _____



SCHEDULE B

Schedule B is for computation of Oklahoma taxable income of a unitary enterprise. [Section 2358(A)(5)]
Enclose a complete copy of your Federal return.

1	Net taxable income from Schedule A, Column A, line 30	1		\$
2	Add: (a) Taxes based on income.....	2a	\$	
	(b) Federal net operating loss deduction	2b		
	(c) Unallowable deduction (enclose schedule)	2c		
	(d)	2d		
	(e)	2e		
	(f) Total of lines 2a through 2e	2f		\$
3	Deduct all items separately allocated			
	(a)	3a	\$	
	(b)	3b		
	(c)	3c		
	(d)	3d		
	(e)	3e		
	(f) Total of lines 3a through 3e	3f		\$
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income.....	4		\$
5	Oklahoma's portion thereof _____ %, from schedule below	5		\$
6	Add or deduct items separately allocated to Oklahoma (enclose schedule)			
	(a)	6a	\$	
	(b)	6b		
	(c)	6c		
	(d) Oklahoma net operating loss deduction.....	6d		
7	Oklahoma net income before tax (add lines 5 and 6).....	7		\$
8	Oklahoma accrued tax (see instructions)	8		\$
9	Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1)	9		\$

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APPORTIONMENT FORMULA

		Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
1	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period):			
	(a) Owned property (at original cost):			
	(i) Inventories	1ai		
	(ii) Depreciable property	1aii		
	(iii) Land.....	1aiii		
	(iv) Total of section "a"	1aiv		
	(b) Rented property (capitalize at 8 times net rental paid).....	1b		
	(c) Total of sections "a" and "b" above.....	1c	\$	%
2	(a) Payroll	2a		
	(b) Less: Officer salaries.....	2b		
	(c) Total (subtract officer salaries from payroll)	2c	\$	%
3	Sales :			
	(a) Sales delivered or shipped to Oklahoma purchasers:			
	(i) Shipped from outside Oklahoma	3ai		
	(ii) Shipped from within Oklahoma.....	3aii		
	(b) Sales shipped from Oklahoma to:			
	(i) The United States Government	3bi		
	(ii) Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272)	3bii		
	(c) Total all of sections "a" and "b".....	3c	\$	%
4	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: _____			
5	Total percent (sum of items 1, 2 and 3)	5		%
6	Average percent (1/3 of total percent) (Carry to Schedule B, line 5).....	6		%



BALANCE SHEETS		BEGINNING OF TAXABLE YEAR		END OF TAXABLE YEAR	
		(A) Amount	(B) Total	(C) Amount	(D) Total
1	Cash.....1			DRAFT 9/23/14	
2	Trade notes and accounts receivable2				
	(a) Less allowance for bad debts2a				
3	Inventories3				
4	Gov't obligations:				
	(a) U.S. and instrumentalities.....4a				
	(b) State, subdivision, thereof, etc4b				
5	Other current assets (enclose schedule)5				
6	Loans to shareholders6				
7	Mortgage and real estate loans7				
8	Other investments (enclose schedule).....8				
9	Buildings and other fixed depreciable assets..9				
	(a) Less accumulated depreciation9a				
10	Depletable assets10				
	(a) Less accumulated depletion10a				
11	Land (net of any amortization)11				
12	Intangible assets (amortization only)12				
	(a) Less accumulated amortization12a				
13	Other assets (enclose schedule)13				
14	Total assets14				
15	Accounts payable.....15				
16	Mtgs-notes-bonds payable in less than 1 yr...16				
17	Other current liabilities (enclose schedule) ...17				
18	Loans from shareholders18				
19	Mtgs-notes-bonds payable in 1 yr. or more...19				
20	Other liabilities (enclose schedule)20				
21	Capital stock: (a) preferred stock.....21a				
	(b) common stock.....21b				
22	Paid-in capital surplus (enclose reconciliation)22				
23	Retained earnings-appropriated (enclose sch.)..23				
24	Retained earnings-unappropriated24				
25	Adjustments to shareholders' equity (enclose sch.) 25				
26	Less cost of treasury stock26		()	()	
27	Total liabilities and shareholders' equity.....27				

SCHEDULE OK M-1: RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN

1	Net income (loss) per books1		7	Income recorded on books this year not included in this return (enclose schedule)	
2	Federal income tax2			(a) Tax exempt interest \$ _____	
3	Excess of capital losses over capital gains..3			(b) Other \$ _____	
4	Taxable income not recorded on books this year (enclose schedule).....4			(c) Total of lines 7a and 7b7c	
5	Expenses recorded on books this year not deducted in this return (enclose schedule)		8	Deductions in this tax return not charged against book income this year (enclose schedule)	
	(a) Depreciation \$ _____			(a) Depreciation \$ _____	
	(b) Depletion \$ _____			(b) Depletion \$ _____	
	(c) Other _____			(c) Other _____	
	(d) Total of lines 5a, 5b and 5c.....5d			(d) Total of lines 8a, 8b and 8c8d	
6	Total of lines 1 through 4 and 5d.....6		9	Total of lines 7c and 8d.....9	
			10	Net income: line 6 less line 9.....10	

SCHEDULE OK M-2: ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (line 24 above)

1	Balance at beginning of year1		5	Distributions: (a) Cash5a	
2	Net income (loss) per books2			(b) Stock.....5b	
3	Other increases (enclose schedule)			(c) Property5c	
	_____		6	Other decreases (enclose sch.)	
	_____			_____	6
4	Total of lines 1, 2 and 3.....4		7	Total of lines 5 and 67	
			8	Balance at end of year (line 4 less line 7)8	

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

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Name as shown on return

SSN or FEIN

FORM OW-8-P 2014

SECTION ONE: ANNUALIZED METHOD

Check the box to the left if you are using the annualized income installment method. If your income varied during the year because, for example, you operated your business on a seasonal basis, you may be able to lower or eliminate the amount of one or more required installments by using the annualized income installment method. If you checked the box, you must complete and enclose with your return this form and Form OW-8-P-SUP-I for individuals or OW-8-P-SUP-C for corporations and trusts. These forms can be obtained from our website at www.tax.ok.gov.

SECTION TWO: WORKSHEET

Part 1: Required Annual Payment

Table with 8 rows for required annual payment calculations, including income tax, credits, liability, withholding taxes, and previous year's liability.

Part 2: Figure Your Underpayment

Table with 3 rows for underpayment calculation: Required annual payment, Tax withheld, and Estimated tax paid.

Due Date of Installments*

Table with 4 columns (April 15th, June 15th, Sept. 15th, Jan. 15th) and 17 rows for installment due dates.

Complete lines 11 - 17 of one column before continuing...

Table with 6 rows for completing one column: lines 11-17.

Complete lines 18 and 19 after completion of Part 3...

Table with 2 rows for interest due: lines 18 and 19.

*If the due date falls on a weekend or holiday, adjust the due date to the next business day. Also, adjust the quarter due date as needed for fiscal year taxpayers.

Line 10: You are considered to have paid one-fourth of your withholding on each payment due date unless you can show otherwise. Estimated tax must be entered in the quarter in which it was paid (ie. Column A, payments made by 4/15; Column B, payments made 4/16 through 6/15; Column C, payments made 6/16 through 9/15; and Column D, payments made 9/16 through 1/15 of the following year). Payments made after the due date of the fourth quarter estimate shall not be included on this line as an estimated tax payment, but shall be used in the underpayment worksheet as a prepayment of tax (see instructions for Part 3). Include in the first quarter any overpayment of tax from your previous tax year's return that you elected to apply to this year's estimated tax.

Line 19: Enter total interest here and on your income tax return.

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Name as shown on return	SSN or FEIN
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Part 3: Computation of Interest	Column A	Column B	Column C	Column D	Column E
Complete each quarter before going to the next quarter.	Date of Payment	Amount of Payment	Balance Due After Payment	Number of Days	Interest
First Quarter • Due Date 4/15					
Enter required payment from Part 2, line 9, Column A.					
Enter any withholding.	4/15				
Enter apply from previous year, if any.	4/15				
Enter any estimated tax payment.	4/15				
Enter tax payment made after 4/15.					
Enter tax payment made after 4/15.					
Total interest due for first quarter.					
Second Quarter • Due Date 6/15					
Enter required payment from Part 2, line 9, Column B.					
Enter any withholding not used in prior quarter.	6/15				
Enter any estimated tax not used in prior quarter.	6/15				
Enter tax payment made after 6/15.					
Enter tax payment made after 6/15.					
Total interest due for second quarter.					
Third Quarter • Due Date 9/15					
Enter required payment from Part 2, line 9, Column C.					
Enter any withholding not used in prior quarters.	9/15				
Enter any estimated tax not used in prior quarters.	9/15				
Enter tax payment made after 9/15.					
Enter tax payment made after 9/15.					
Total interest due for third quarter.					
Fourth Quarter • Due Date 1/15					
Enter required payment from Part 2, line 9, Column D.					
Enter any withholding not used in prior quarter.	1/15				
Enter any estimated tax not used in prior quarter.	1/15				
Enter tax payment made after 1/15.					
Enter tax payment made after 1/15.					
Total interest due for fourth quarter.					

Instructions to Part 3

In the first line of each quarter, Part 3, Column C, enter the required payment from Part 2, line 9. Then complete each line across before proceeding to the next line. Column C in each quarter must be brought to zero, unless all payments have already been applied, before proceeding to the next quarter.

- Column A-** Enter the date the estimated tax payment(s) was actually paid. Estimated tax payments and withholding payments which are paid on or before the quarterly due date are considered timely paid; therefore, the date is preprinted on the form. **If the preprinted date falls on a weekend or holiday, adjust the date to the next business day.** Any balance due, paid with your tax return, is considered a payment for this purpose and should be listed, using the date you filed your return or the original due date, whichever is earlier.
- Column B-** Enter payments according to the date paid or deemed paid, the earliest date of payment being applied first. Only use the portion of a payment necessary to bring the balance due to zero.
 Withholding payments are deemed paid on the quarterly due date(s). Enter on the withholding line tax(es) withheld, on or before the quarterly due date, that have not been applied to a previous quarter.
 Enter on the estimated tax line estimated tax payments paid on or before the quarterly due date, which have not been applied to a previous quarter.
 Enter on the tax payment line(s) any payment made after the quarterly due date. If more lines are needed for tax payments, list each payment separately on an attached schedule using Columns A through E.
- Column C-** Compute the balance due after each payment. If there are no payments entered on the withholding and estimated tax lines, bring the required payment down to the estimated tax line in Column C and complete Columns D & E.
- Column D-** Column C balance, for each line, is considered past due until the next payment is made. Compute the number of days past due from the date of this payment until the date of the next payment or the original due date of the return, if no payment is made.
- Column E-**
$$\frac{\text{Column C} \times \text{Number of days in Column D} \times 20\%}{\text{divided by } 365}$$