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11A

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Place an ‘X’ in this
box if this is an
amended 511NR.
See Schedule
511NR-G.

Oklahoma source income (Schedule 511NR-1, line 18) ................ Federal adjusted gross income (Schedule 511NR-1, line 19) ......
Oklahoma additions: Schedule 511NR-A, line 7 ..............................
Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3) ..............
Oklahoma subtractions: Schedule 511NR-B, line 15 ........................
Adjusted gross income: Okla. Source (line 4 minus line 5) .................
Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8 ...

Complete Schedule 511NR-1 “Income Allocation for Nonresidents and Part-Year Residents” to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

Oklahoma Nonresident/

Part-Year Income Tax Return

Please Round to Nearest Whole Dollar

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Form 511NR

2016

Your Social Security Number

Spouse’s Social Security Number

(joint return only) Name and Address Please Print or Type

Mailing address (number and street, including apartment number, rural route or PO Box)

City, State and ZIP

AMENDED
RETURN!

Filing Status

1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate
• If spouse is also filing, list
name and SSN in the boxes:

4 Head of household with qualifying person
5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

Nonresident(s) State of Residence: ________________ Part-Year Resident(s) From ___________ to _________ Resident/Part-Year Resident/Nonresident

Residency

State of Residence: Yourself _________ Spouse _______

Status

Not Required to File
Place an ‘X’ in this box if you do not have an Oklahoma filing requirement and are filing for refund of State withholding. (see instructions)

Regular
Yourself

Spouse

Number of dependent children

Number of other dependents

Add the Totals from
the 4 boxes.
Write the Total
in the box below.

Note: If you may
be claimed as a
dependent on another

return, enter “0”
for your regular
exemption.

Total

Blind

Exemptions

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Oklahoma Amount

Age 65 or Over?

(Please see instructions) Yourself Spouse

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Federal Amount

Your first name, middle initial and last name

If a joint return, spouse’s first name, middle initial and last name

* NOTE: If claiming Special Exemption, see instructions on page 8 of 511NR Packet.

Special

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Place an ‘X’ in this box
if this taxpayer
is deceased

Place an ‘X’ in this box
if this taxpayer
is deceased

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If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a “1” in box.
If paying the Health Savings Account additional 10% tax, add additional tax here and enter a “2” in box.

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Adjusted gross income: All Sources (from line 7) .................................................. 8 Oklahoma Adjustments (Schedule 511NR-C, line 7) ................................................ 9 Income after adjustments (line 8 minus line 9) ........................................................10 Federal itemized deductions from Federal Schedule A, line 29 .. 11a
(If you did not itemize, skip lines 11A and 11B; enter the
Oklahoma standard deduction on line 11C)
State and local sales or income taxes included in line 11A ... 11b
Oklahoma itemized deductions (line 11A minus line 11B)
or Oklahoma standard deduction ....................................................................... 11c Exemptions ($1,000 x number of exemptions claimed above) ...............................................12 Total deductions and exemptions (add lines 11C and 12) .......................................13 Oklahoma Taxable Income: (line 10 minus line 13) ..............................................14 Oklahoma Income Tax from Tax Table.....................................................................15

Name:
SSN:

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Oklahoma
Standard
Deduction:

• Single or
Married Filing
Separate:
$6,300
• Married
Filing Joint
or Qualifying
Widow(er):
$12,600
• Head of
Household:
$9,300
Itemized
Deductions:
Provide a
copy of the
Federal
Schedule

Oklahoma earned income credit (Sch. 511NR-E, line 4) ......................................................21 Credit for taxes paid to another state (provide Form 511TX) nonresidents do not qualify ... 22 Form 511CR - Other Credits Form - List 511CR line number claimed here: ............23 Line 20 minus lines 21, 22 and 23 .......................................(Do not enter less than zero) ...24 Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma .. 25 If you certify that no use tax is due, place an ‘X’ here:
Balance (add lines 24 and 25) ..............................................................................................26 Oklahoma withholding (provide W-2s, 1099s or withholding statement) ..... 27
2016 Oklahoma estimated tax payments
If you are a qualified farmer, place an ‘X’ here: .............28
2016 payment with extension ...........................................................29
Credits from Form .............................a) 577 .......b) 578 ........30
Amount paid with original return plus additional paid after it was filed
(amended return only) ......................................................................31
Payments and credits (add lines 27-31) ............................................................................32 Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) ....................................................33 Total payments and credits (line 32 minus line 33) ...........................................................34 If line 34 is more than line 26, subtract line 26 from line 34. This is your overpayment ......35 Amount of line 35 to be applied to 2017 estimated tax
(original return only) (see page 4 of 511NR Packet for further information) ..36

Donations from your refund (total from Schedule 511NR-F) ............37
Total deductions from refund (add lines 36 and 37) .............................................................38 Amount to be refunded (line 35 minus line 38)....................................................................39

2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown
on Form 511NR:

Your Social
Security Number:

Taxpayer’s signature Date

Taxpayer’s occupation Spouse’s occupation

Paid Preparer’s signature Date

Daytime Phone Number (optional)
Paid Preparer’s PTIN

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

Paid Preparer’s address and phone number

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

Place an ‘X’ in this box if the Oklahoma Tax Commission
may discuss this return with your tax preparer..................

Spouse’s signature Date

Is this refund going to or through an account that is located outside of the United States? Yes No

Routing checking account Number:

savings account

Account
Number:

Deposit my refund in my:

Direct Deposit Note:
Verify your account and routing num-
bers are correct. If your direct deposit
fails to process or you do not choose
direct deposit, you will receive a debit
card. See the 511NR Packet for direct
deposit and debit card information.

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If line 26 is more than line 34, subtract line 34 from line 26. This is your tax due ...............40 Underpayment of estimated tax interest (annualized installment method ) ..................41 For delinquent payment add penalty of 5% ......................$ ______________________ plus interest of 1.25% per month .........................................$ ______________________ 42 Total tax, donation, penalty and interest (add lines 40-42) ..................................................43

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Schedule 511NR-F provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511NR-F in the box below. If you give to more than one organization, put a “99” in the box. Provide Schedule 511NR-F.

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Oklahoma child care/child tax credit (see instructions) ............................................................... 17 Subtract line 17 from line 16 (This is your tax base)(Do not enter less than zero) ........................ 18 Tax percentage:
.............. 19

Oklahoma Income Tax. Multiply line 18 by line 19 .................................................................... 20

Oklahoma Amount (from line 6) Federal Amount (from line 7) • a) • b)

17
18
19

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STOP AND READ: If line 7 is equal to or larger than line 2, complete line 17. If line 7 is smaller than line 2, see Schedule 511NR-D.

16 Amount from line 15 on page 1 ................................................................................................ 16

Income Allocation for Nonresidents and Part-Year Residents

Schedule 511NR-A Oklahoma Additions

See instructions for details on
qualifications and required documents.

2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 3
NOTE: Provide this page with your return.
Name(s) shown
on Form 511NR:

Your Social
Security Number:

federal amount oklahoma amount

State and municipal bond interest ........................................ Lump sum distributions (not included in your Federal AGI) ........

Federal net operating loss ..................................................... Recapture depletion claimed on a lease bonus or
add back of excess Federal depletion ................................... Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ............. Miscellaneous: Other additions ............................................. (enter number in box for the type of addition ) Total additions ..................................................................... (add lines 1-6, enter total here and on line 3 of Form 511NR)

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Schedule 511NR-1

federal amount oklahoma amount

Wages, salaries, tips, etc ....................................................... Taxable interest income ......................................................... Dividend income .................................................................... Taxable refunds (state income tax)........................................ Alimony received ................................................................... Business income or (loss) (Federal Schedule C) .................. Capital gains or losses (Federal Schedule D) ....................... Other gains or losses (Federal Form 4797)........................... Taxable IRA distribution ......................................................... Taxable pensions and annuities ............................................ Rental real estate, royalties, partnerships, etc ...................... Farm income or (loss) ............................................................ Unemployment compensation ............................................... Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B) Other income
(identify: ______________________________________) Add lines 1 through 15........................................................... Total Federal adjustments to income
(identify: ______________________________________) Oklahoma source income (line 16 minus line 17)
Enter here and on page 1, line 1 ........................................ Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2 ........................................

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Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4
NOTE: Provide this page ONLY if you have an amount shown on a schedule.
Name(s) shown
on Form 511NR:

Your Social
Security Number:

Military pay exclusion - Active Duty, Reserve and National Guard (not retirement) ...............1 Qualifying disability deduction (residents and part-year residents only)..................................2
Qualified adoption expense .....................................................................................................3
Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ...4
Deductions for providing foster care .............................................................................................5
Miscellaneous: Other adjustments (enter number in box for the type of deduction ) ...........6

Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511NR) ................7

Schedule 511NR-C Oklahoma Adjustments See instructions for details on

qualifications and required documents. 00
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Interest on U.S. government obligations ...............................

Taxable Social Security (from Schedule 511NR-1, line 14) ...

Federal civil service retirement in lieu of social security ........

Military Retirement (see instructions for limitation) ................

Oklahoma government or Federal civil service retirement .... Other retirement income ........................................................

U.S. Railroad Retirement Board Benefits ..............................

Additional depletion ...............................................................

Oklahoma net operating loss (Loss Year[s] )

Exempt tribal income .............................................................

Gains from the sale of exempt government obligations ........

Nonresident military wages (provide W-2) .............................

Oklahoma Capital Gain Deduction (Provide Form 561NR).......
Miscellaneous: Other subtractions .......................................
(enter number in box for the type of deduction )
Total subtractions ................................................................
(add lines 1-14, enter total here and on line 5 of Form 511NR)

Schedule 511NR-B Oklahoma Subtractions See instructions for details on

qualifications and required documents.
federal amount oklahoma amount

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- Retirement
Claim Number:

Taxpayer Number Spouse Number

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2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 5
NOTE: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown
on Form 511NR:

Your Social
Security Number:

Schedule 511NR-E Earned Income Credit See instructions for details on qualifications

and required documents.

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Federal earned income credit .................................................................................................1

Multiply line 1 by 5% ...............................................................................................................2

Divide the amount on line 6 of Form 511NR by the amount on line 2 of Form 511NR

Enter the percentage from the above calculation here (do not enter more than 100%) ................3

Oklahoma earned income credit.............................................................................................4
(multiply line 2 by line 3, enter total here and on line 21 of Form 511NR)

%

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return. Nonresidents do not qualify.

Enter your Federal child care credit .............................................1

Multiply line 1 by 20% ...................................................................2

Enter your Federal child tax credit
(total of child tax credit & additional child tax credit).....................3

Multiply line 3 by 5% .....................................................................4

Enter the larger of line 2 or line 4 ...........................................................................................5 Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR

Enter the percentage from the above calculation here (do not enter more than 100%) ................6

Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit.
Enter total here and on line 17 of Form 511NR ......................................................................7

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Schedule 511NR-D Child Care/Child Tax Credit See instructions for details on qualifications

and required documents.

If your Federal Adjusted Gross Income is $100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Okla-homa tax. Your Oklahoma credit is the greater of:

• 20% of the credit for child care expenses allowed by the IRS Code.
Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return.
or

• 5% of the child tax credit allowed by the IRS Code.
This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Fed-eral Adjusted Gross Income is greater than $100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

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This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each pro-gram, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-F Information on page 24 of the 511NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511NR-F Information lists the mailing address to mail your donation to the organization.

Place an ‘X’ in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511NR, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a “99” in the box at line 37 of Form 511NR.

Schedule 511NR-F Donations from Refund (Original return only)

2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6
NOTE: Provide this page ONLY if you have an amount shown on a schedule or are filing an amended return.

Name(s) shown
on Form 511NR:

Your Social
Security Number:

Support of Programs for Volunteers to Act
as Court Appointed Special Advocates
for Abused or Neglected Children..................... $2 $5 $ ...1

Support of the Oklahoma National Guard ........ $2 $5 $ ...2

Support of Programs for Regional Food Banks
in Oklahoma ..................................................... $2 $5 $ ...3

Y.M.C.A. Youth and Government Program ....... $2 $5 $ ...4

Total donations (add lines 1-4, enter total here and on line 37 of Form 511NR) .........5

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Did you file an amended Federal return? Yes No

If Yes, provide a copy of the IRS Form 1040X or 1045 AND a copy of the IRS “Statement of Adjustment”, IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.

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Schedule 511NR-G Amended Return Information

1a Oklahoma Investment/New Jobs Credit
(provide Form 506) ................................................... 1a

1b Rate (Percent of total credit allowed to offset tax) ...... 1b
1c Credit Allowed (multiply Column C, line 1a by line 1b).
Credits not allowed due to the percent on line 1b will
carry forward to subsequent tax years ....................... 1c

2 Coal Credit .................................................................. 2
3 Credit for Investment in a Clean-Burning Motor
Vehicle Fuel Property (provide Form 567-A)
Enter the number of Form(s) 567-A provided
with this return for 3a and 3b ..................................

3a Credit from Form 567-A, Part 1, Section A, line 3.
(If completing multiple Forms 567-A; enter the total
amounts from all Part 1, Section A, line 3.) .................. 3a

3b Credit from Form 567-A, Part 4, line 4 .......................... 3b
4 Small Business Capital Credit
(provide Form 527-A) ............................................... 4
5 Small Business Guaranty Fee Credit
(provide Form 529) ................................................... 5
6 Credit for Employers Providing Child
Care Programs ........................................................... 6
7 Credit for Entities in the Business of Providing
Child Care Services .................................................... 7

8 Credit for Commercial Space Industries ..................... 8

9 Credit for Tourism Development or Qualified
Media Production Facility ........................................... 9
10 Oklahoma Local Development and Enterprise Zone
Incentive Leverage Act Credit ...................................... 10

11 Credit for Qualified Rehabilitation Expenditures ........ 11
12 Rural Small Business Capital Credit
(provide Form 526-A) ............................................... 12
13 Credit for Electricity Generated by
Zero-Emission Facilities ............................................. 13

14 Credit for Financial Institutions Making Loans
under the Rural Economic Development Loan Act ..... 14

Other Credits Form

State of Oklahoma

Name as shown on return:

Provide this form and supporting documents with your Oklahoma tax return.

FORM 511CR
Social Security Number:

Federal Employer
Identification Number:

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• Enter in Column A all unused carryover credits established in prior tax years but not used in any prior tax year.
• Enter in Column B all credits established this tax year. This includes a credit generated this tax year; a credit transferred to you on a filed transfer agreement (Form 572) which may be claimed this tax year; and a credit, that once established, may be claimed over multiple years and you are claiming the subsequent years’ credit (e.g. Investment/New Jobs Credit or Credit for Qualified Ethanol Facilities).
Attention members of pass-through entities: Enter your share of the pass-through entities’ credit on the appropriate line for the type of credit. For example: Your share of the pass-through entities’ Coal Credit would be entered on line 2. See instructions for details on qualifications
and required enclosures.

-OR-

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Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

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Not Applicable

Not Applicable

Not Applicable

A
Unused Credit
Carried Over from
Prior Year(s)

B
Credit Established
During Current
Tax Year

C
Total Available
Credit
(A + B = C)

Number of Form(s) 567-A

X

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15 Credit for Manufacturers of Small Wind Turbines ....... 15

16 Credit for Qualified Ethanol Facilities ......................... 16

17 Poultry Litter Credit ..................................................... 17
18 Volunteer Firefighter Credit (provide COFT’s Form,
see instructions on page 5) ....................................... 18

19 Credit for Qualified Biodiesel Facilities ....................... 19

20 Credit for Breeders of Specially Trained Canines ....... 20

21 Credit for Modification Expenses Paid for an
Injured Employee ........................................................ 21

22 Dry Fire Hydrant Credit .............................................. 22

23 Credit for the Construction of Energy
Efficient Homes .......................................................... 23

24 Credit for Railroad Modernization ............................... 24

25 Research and Development New Jobs Credit
(provide Form 563) ................................................... 25
26 Credit for Stafford Loan Origination Fee
(for banks & credit unions filing Form 512) ................. 26

27 Credit for Biomedical Research Contribution ............. 27

28 Credit for Employees in the Aerospace Sector
(provide Form 564) ................................................... 28
29 Credits for Employers in the Aerospace Sector
(provide Form 565) ................................................... 29

30 Wire Transfer Fee Credit ............................................ 30

31 Credit for Manufacturers of Electric Vehicles .............. 31

32 Credit for Cancer Research Contribution ................... 32

33 Oklahoma Capital Investment Board Tax Credit ......... 33
34 Credit for Contributions to a Scholarship-Granting
Organization ............................................................... 34
35 Credit for Contributions to an Educational
Improvement Grant Organization ............................... 35

36 Credit for Venture Capital Investment
(provide Form 518-A or 518-B) ................................ 36

37 Oklahoma Affordable Housing Tax Credit ................... 37

Other Credits Form

Name as shown on return: Social Security/Federal Employer Identification Number:

2016 Form 511CR - Page 2

38 Total (add lines 1c through 37) .................................................................................................... 38
Enter on the applicable line of income tax return and enter the number in the box for the type of credit.
If more than one credit is claimed, enter “99” in the box.

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A
Unused Credit
Carried Over from
Prior Year(s)

B
Credit Established
During Current
Tax Year

C
Total Available
Credit
(A + B = C)

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

Not Applicable

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Not Applicable

Not Applicable