

# Form BT-190 - Tax Year 2010

### **OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN**

Title 66 O.S. Sections 1215 - 1226		
Taxpayer FEIN		
Name		
Address		
City, State and Zip	Check this box if you began doing business in Oklahoma during 2010	
	art 6 to compute Consolidated/Combined Net Revenu e box the number of entities included in this part	
ENTITY TYPE: OKLAHOMA CORPORATION FOREIGN CO GENERAL PARTNERSHIP LIMITED PAR	CORPORATION LIMITED LIABILITY COMPANY RTNERSHIP TRUST/ESTATE	
GENERAL INFORMATION		
Every entity doing business in Oklahoma is required to file Fo If you have been doing business in Oklahoma for more than 1 Business Activity Tax. This return is due July 1, 2011. Part 1 - Part 1 is used to determine the net revenue of your b	1 year, as of December 31st, you are subject to t	
Part 2 - Part 2 is used to pay your Business Activity Tax.	out in the second secon	
Part 3 - If your business is not 100% Oklahoma, Part 3 is used to	determine the net revenue allocated or apportioned	to Oklahoma.
Part 4 - Excluded Revenue.	and the state of t	
Part 5 - Responsible Party listings.		
Part 6 - Part 6 is used if electing to compute net revenue on a con	nsolidated or combined basis.	
PART 1 - INCOME AND DEDUCTIONS ALLOCATED OR		
7.11.1	Round to Nearest V	Whole Dollar
1 Total Revenue		i 00
2 Allowable Ordinary Trade or Business Expenses	2	. 00
3 Net Revenue (line 1 minus line 2 or from Part 6)		. 00
If your business was not 100% Oklahoma, see Part 3 on pag 3 is used to determine the revenue and expenses allocated o	ge 2 before completing Part 1. For a multi-state b	ousiness, Part
PART 2 - BUSINESS ACTIVITY TAX	Round to Nearest V	Whole Dollar
1 Tax (see instructions)		1 00
2 Registered Agent Fee (\$100.00 - See instructions)		1 00
3 Interest (1.25% per month if not paid by September 15th		00
4 Penalty (10% if not paid by September 15th)	·	00
5 Total Due		. 00
SIGNATURE: Under penalties of perjury, I declare that I have examined this return, includ statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared declaration is based on all information of which preparer has any knowledge.	ding any accompanying schedules and	
Signature of Responsible Party Date	Signature of Preparer Date	
Title	Printed Name	
	Preparer's Address Phone Nu	ımber



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### OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN

Title 68 O.S. Sections 1215 - 1228

Ta	xpayer Name:	[1	axpayer FEIN:			
	ART 3 - MULTI-STATE BUSINESS: (For a	hueinese that	was not 100% Oklah	oma)		
_	mplete the appropriate Section, A or B, applic				ated/co	mbined (Part 6)
	nplete Section A or B for each entity, as appli		diti otato basiness. Il	ming consolide	1100/001	momed (Fait 6),
SE	CTION A: A NON-UNITARY BUSINESS (	DIRECTLY AL	LOCABLE INCOME	)		
•	u must enclose a schedule showing your cor					
0	<ul> <li>Indicate the method used to allocate exper</li> </ul>	nses to Oklahor	na:			
	<u>'''</u> CTION B: A UNITARY BUSINESS (APPO	ORTIONARI F I	NCOME) - APPORT	IONMENT FO	RMIII	A WORKSHEET
1	Value of real and tangible personal property used in	Column A	Column B	Column C		Column D
	the unitary business (by averaging the value at the beginning and ending of the tax period).	Total Within Oklahoma	Total Within and Without Oklahoma	A divided by B %	•	Apportioned to Oklahoma
	(a) Owned property (at original cost): (i) Inventories1ai					%
	(ii) Depreciable property1aii					
	(iii) Land1aiii					
	(iv) Total of section "a"1aiv					
	(b) Rented property (capitalize at 8 times net rental paid) .1b					
	(c) Total of sections "a" and "b" above1c				X10%	
2	(a) Payroll2a					
	(b) Less: Officer salaries2b					
	(c) Total (subtract officer salaries from payroll)2c				X10%	
3	Total Revenue3				X80%	
4	Apportionment Factor (sum of percentages in	Column D)			4	
5	5 Total Revenue (from line 3, Column B above)					
6	<del> </del>					
7						
8	8 Total allowable ordinary trade or business expense(s)					
9	<del>- </del>					
	10 Expenses apportioned to Oklahoma (multiply line 8 by line 9; enter here and on Part 1, line 2)					
P	ART 4 - EXCLUDED REVENUE:			Oaluman	<u> </u>	Column B
_	ling consolidated/combined (Part 6), complete F	Part 4 for each e	ntity, as applicable.	Column Total Within Without Okla	n and	Column B Apportioned to Oklahoma
1	Interest			1		
2	Dividends and Distributions			2		
3	Real Estate Rentals			3		
4	Mineral Rights			4		
5	Net Capital Gains			5		
6	Compensation			6		
7	Total Amount of Revenue excluded from Part	1 line 1 "Total Re	venue"	7		



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### OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN

Title 68 O.S. Sections 1215 - 1228

Taxpayer Name:	Taxpayer FEIN:

### PART 5 - RESPONSIBLE PARTY LISTINGS

If filing consolidated/combined (Part 6), complete Part 5 for each entity, as applicable.

### RESPONSIBLE PARTY INFORMATION

Enter the Responsible Party. Responsible parties are officers, men applicable as of the last day of the calendar year.	nbers, partners or registered agents as may be			
Name (first name, middle initial, last name) or Entity Name	Social Security Number/FEIN			
Home Address (street and number)	Daytime Phone (area code and number)			
City, State, Zip	Title			
Name (first name, middle initial, last name) or Entity Name	Social Security Number/FEIN			
Home Address (street and number)	Daytime Phone (area code and number)			
City, State, Zip	Title			
Name (first name, middle initial, last name) or Entity Name	Social Security Number/FEIN			
Home Address (street and number)	Daytime Phone (area code and number)			
City, State, Zip	Title			
Name (first name, middle initial, last name) or Entity Name	Social Security Number/FEIN			
Home Address (street and number)	Daytime Phone (area code and number)			
City, State, Zip	Title			
	1			



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#### OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN

Title 68 O.S. Sections 1215 - 1228

Taxpayer Name:	Taxpayer FEIN:

#### PART 6 - COMPUTATION OF OKLAHOMA CONSOLIDATED/COMBINED NET REVENUE - PART 1, LINE 3

#### **COMPUTE NET REVENUE:**

NAME OF CORPORATIONS INCLUDED IN THE CONSOLIDATED/COMBINED RETURN (If more space is needed attach a supplemental schedule)	FEDERAL ID NUMBER	NAICS CODE	TOTAL REVENUE	ALLOWABLE ORDINARY TRADE OR BUSINESS EXPENSES	OKLAHOMA NET REVENUE
				1	
Total from Supplemental Schedule					
Total Revenue (1), Total Allowable Ordinary Trade or		1)	2)	3)	
Business Expenses (2) and Total Oklahoma Net Revenue (3) (Enter here and on the applicable lines in Part 1).			-/		-/

# OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN Instructions

All entities doing business in Oklahoma for more than one year are subject to the Business Activity Tax. All Corporations, Limited Liability Companies and Partnerships, regardless of length of time doing business in Oklahoma, must complete and file Form BT-190. Business Trusts must also complete and file Form BT-190.

The North American Industry Classification System (NAICS) Code is the six digit code on your federal income tax return.

#### PART 1 - INCOME AND DEDUCTION ALLOCATED OR APPORTIONED TO OKLAHOMA:

For some business entities all of the business is in Oklahoma. If your business is conducted both within and without Oklahoma, refer to Part 3 to compute income and deductions.

### OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN Instructions

#### PART 1 - INCOME AND DEDUCTION ALLOCATED OR APPORTIONED TO OKLAHOMA (CONTINUED)

#### Line 1 - Total Revenue:

Enter the gross income from your last filed Federal income tax return. Do not include the following in Total Revenue:

- 1. interest, except interest from credit sales,
- 2. dividends and distributions received from corporations, and distributive or proportionate shares of total receipts and other income from a pass-through entity as defined under Section 2385.29 of Title 68 of the Oklahoma Statutes,
- real estate rentals.
- 4. royalty interests or working interests in mineral rights,
- 5. net capital gains, as defined in Section 1222(11) of the Internal Revenue Code, included in the federal income tax return of a person, and
- 6. compensation, whether current or deferred, and whether in cash or in kind, received or to be received by an employee, former employee, or the employee's legal successor for services rendered to or for an employer, including reimbursements received by or for an individual for medical or education expenses, health insurance premiums, or employee expenses, or on account of a dependent care spending account, legal services plan, any cafeteria plan described in section 125 of the Internal Revenue Code, or any similar employee reimbursement.

The above items of excluded revenue must be reported in Part 4 – Excluded Revenue.

#### Line 2 - Allowable Ordinary Trade or Business Expenses:

Enter all of the entity's ordinary trade or business expenses including cost of goods sold. Do not include interest expense, income taxes, depreciation or amortization. Also, do not include any expenses attributable to tax-exempt income.

NOTE: If you are filing a consolidated/combined Business Activity Tax Return, Part 6 must be completed before Part 1.

#### PART 2 - BUSINESS ACTIVITY TAX:

#### Line 1 - Tax:

For most entities filing this form, the Business Activity Tax is equal to the Franchise Tax that was due and payable July 1, 2010. Entities not subject to Franchise tax have a Business Activity Tax of \$25. These entities include Limited Liability Companies, General Partnerships, Limited Partnerships and Business Trusts.

#### Line 2 - Registered Agent Fee:

When submitting the Business Activity Tax Return, foreign corporations must pay a \$100 registered agent fee.

#### Line 3 - Interest:

If this return is postmarked after September 15th, the tax is subject to 1.25% interest per month from the due date until it is paid. Multiply the amount in Part 2, line 1 by .0125 for each month the report is late.

#### Line 4 - Penalty:

If this return is postmarked after September 15th, the tax is subject to a penalty of 10%. Multiply the amount in Part 2, line 1 by .10 to determine the penalty.

#### PART 3 - MULTI-STATE BUSINESS:

(If filing consolidated/combined [Part 6], complete Section A or B for each entity, as applicable.)

#### Section A - A Non-unitary Business (Directly allocable income):

If your business was conducted both within and without Oklahoma of a non-unitary character complete Part 1 by entering the revenue and expenses allocated to Oklahoma using the direct accounting method. Income (loss) must be allocated in accordance with the situs of the property. Overhead expenses are allocated on the basis of direct expense in Oklahoma to the total direct expense everywhere. Indicate the method used to allocate expenses to Oklahoma and enclose a schedule of computations showing the computation for the revenue and expenses entered in Part 1 "Income and Deductions Allocated or Apportioned to Oklahoma".

#### Section B - A Unitary Business (Apportionable income):

If your business was conducted both within and without Oklahoma of a unitary character complete Part 1 by entering the revenue and expenses apportioned to Oklahoma. To determine the revenue and expenses apportioned to Oklahoma, per 68 O.S. Section 1226, first complete the Apportionment Formula Worksheet to determine the apportionment factor. The apportionment factor will be multiplied by the total revenue and total expenses everywhere to determine the revenue and expenses to enter in Part 1 "Income and Deductions Allocated or Apportioned to Oklahoma". (Instructions continued on page 6)

## OKLAHOMA ANNUAL BUSINESS ACTIVITY TAX RETURN Instructions

#### PART 3 - MULTI-STATE BUSINESS (CONTINUED)

Lines 1 and 2:

The Property and Payroll factors are determined as provided for in Title 68 O.S. Section 2358.

- Column A Total Revenue within Oklahoma is your total revenue from activities performed in Oklahoma. See the
  instructions for Part 1, line 1 to determine "Total Revenue".
- Column B Total Revenue within and without Oklahoma is your total revenue from activities performed everywhere. See the instructions for Part 1, line 1 to determine "Total Revenue".

#### Line 8:

Enter the allowable ordinary trade or business expenses from your business activity both within and without Oklahoma. See the instructions for Part 1, line 2 to determine "allowable ordinary trade or business expenses".

#### PART 4 - EXCLUDED REVENUE INSTRUCTIONS:

(If filing consolidated/combined [Part 6], complete Part 4 for each entity, as applicable.)

List separately each item of revenue not included in Part 1 "Total Revenue". A list of excludable revenue is found in the instructions for Part 1, line 1.

- If your business was 100% Oklahoma, enter the same amount in both columns.
- If your business was not 100% Oklahoma, enter the total amount of excludable revenue from your operations everywhere in Column A. Multiply the amount reported in Column A by the apportionment factor from Part 3, line 4 and enter the result in the Oklahoma column (Column B).

#### PART 5 - RESPONSIBLE PARTY INSTRUCTIONS:

(If filing consolidated/combined [Part 6], complete Part 5 for each entity, as applicable.)

- <u>Corporations (Both C and Subchapter S)</u> Enter the current officers effective as of December 31, 2010. Include name, title, address, phone number and Social Security Numbers/FEINs. Officers include, but are not limited to, president, vice president, secretary and treasurer. List registered agent if applicable.
- <u>Limited Liability Companies</u> Enter all current members of the Limited Liability Company effective as of December 31, 2010. Include name, title, address, phone number and Social Security Numbers/FEINs.
- Partnerships Enter all current partners of the Partnership effective as of December 31, 2010. Include name, title, address, phone number and Social Security Numbers/FEINs.
- <u>Business Trusts</u> Enter all current trustees and beneficiaries of the trust effective as of December 31, 2010. Include name, title, address, phone number and Social Security Numbers/FEINs.

Please include Social Security Numbers of Responsible Parties.

If non-resident officer with no Social Security Number (SSN) note "NRA" for SSN.

#### 710:1-3-6. Use of Federal Employer Identification Numbers, Social Security Numbers mandatory.

All returns, applications, and forms required to be filed with the Oklahoma Tax Commission (Commission) in the administration of this State's tax laws shall bear the **Federal Employer's Identification Number(s)** or the **Social Security Account Number** (or both) of the person, firm, or corporation filing the item and of all persons required by law or agency rule to be named or listed. If more than one number has been issued to the person, firm, or corporation, then all numbers will be required. [Source: Amended at 16 Ok Reg 2628, eff 6-25-99]

#### 710:1-3-8. Confidentiality of records.

All Federal Employer's Identification and/or Social Security Account Numbers are deemed to be included in the confidential records of the Commission.

If more space is needed attach a schedule.

This return must be filed by July 1, 2011.

Mail completed Form BT-190 to:

Oklahoma Tax Commission Post Office Box 26930 Oklahoma City, OK 73126-0930