Form 454
EGE

# Oklahoma Estate Tax Return

Oklahoma Tax Commission
2501 Lincoln Boulevard
Oklahoma City, OK 73194

Decedent's full name:

Date of birth:

Age:

Occupation:

Residence at death:

Social Security Number: (Returns will not be accepted without SSN)

Domicile: Year established:

Probate Number:

Probate in County

Resident of County

Amount paid with return: $__________________________

Date __________
No Tax ________
FA ____________
OA ____________
Crossfile ______
______________
Work With _____
______________
Order _________
Auth __________
Post __________

(This space for use by OTC)

Does this estate contain any real property? ☐ Yes ☐ No

Did decedent own any interest in a closely held corporation, partnership, or sole proprietorship? ☐ Yes ☐ No

Marital status: ☐ Married ☐ Single

Name of spouse:

________________________________________

Divorced__________ Date of decree_________
Widowed_________ DOD_________________

☐ Testate ☐ Intestate ☐ Trust

If decedent died testate submit copy of will and/or trust instrument.

Date of death: __________________________________

Date of valuation - Check one

☐ Date of death ☐ Alternate value (6 months after DOD)__________

**(Attach copy of death certificate)**

Was any disclaimer filed in this estate? (If yes, submit documentation)

______________________________________________

## Personal Representative's Signature

Under penalties of perjury, I declare that I, the undersigned personal representative, (or other) ______________________________ have examined this return, including accompanying statements and to the best of my knowledge and belief it is true.

Date:__________________________ Social Security Number:_________ / __________ / __________

Signature:___________________________________ Name (Printed):______________________________

Address:______________________________________________________________

City:_____________________________ State:____________________________ ZIP Code:__________________

Telephone Number:_______________________________________________________

Preparer's Signature:______________________________

Preparer's Name (Printed):_________________________

Preparer's Address: ______________________________

City: ________________________________________

State: ____________________ ZIP Code:____________

Telephone Number: ______________________________

Attorney's Signature:______________________________

Attorney's Name (Printed):_________________________

Attorney's Address: ______________________________

City: ________________________________________

State: ____________________ ZIP Code:____________

Telephone Number: ______________________________

Return will not be accepted without signature of personal representative. Return will be accepted with preparer's or attorney's signature only if written authority from legal representative is submitted with return.

# Summary of Schedules
# Oklahoma Estate Tax Return

**Estate of:** ____________________

*This form is a summary of Schedules A-1, A-2, B, C-1, C-2, D, E, F, G, H-1, H-2, I-1, I-2, and J.*

## Gross Estate:

1. Real estate, oil and gas leases, etc. (Schedule A-1, A-2) .......... $ ________
2. Stocks, bonds, etc. (Schedule B) .......... $ ________
3. Personal property (Schedule C) .......... $ ________
4. Life Insurance (Schedule D) .......... $ ________
5. Transfers during lifetime (Schedule E) .......... $ ________
6. Total gross estate in Oklahoma (Total lines 1-5) .......... $ ________
7. Property out-of-state (Schedule F) .......... $ ________
8. Total gross estate (Total of lines 6 & 7) .......... $ ________
9. Oklahoma's % (Line 6 divided by line 8) .......... ________%
10. Less property reportable in Oklahoma passing to surviving spouse (Schedule I) .......... $ ________
11. Adjusted gross estate (Line 6 minus line 10) .......... $ ________

## Deductions:

12. Debts, mortgages, and taxes (Schedule G) .......... $ ________
13. Other deductions (Schedule H) .......... $ ________
14. Total Deductions (Add lines 12 and 13) .......... $ ________
15. Deductions allowable in Oklahoma (% on line 9 multiplied by line 14) .......... $ ________

## Tax Computation:

16. Net estate in Oklahoma (Line 11 minus Line 15) .......... $ ________
17. Amount passing to lineal heirs .......... $ ________
18. Amount passing to collateral heirs .......... $ ________
19. Less lineal exemption allowed (See chart on the back of this page) x (Line 9 _____%)$ ________
20. Net estate subject to tax .......... $ ________
21. Tax: Lineal $ ________ Collateral $ ________ ..........Total .$ ________
22. Less: Credit for prior tax paid (Attach Form PTP) .......... $ ________
23. Net Oklahoma estate tax per section 802 .......... $ ________
24. Additional tax to absorb allowable Federal credit (Section 804)
    Oklahoma's pro rata share
    (Line 9) ________% x (Federal credit) $ ________ = $ ________
    Less: Amount on line 23 .......... ($ ________ )
    Remainder to be added .......... $ ________
25. Total estate tax due Oklahoma (Total lines 23 and 24) .......... $ ________
26. Interest: On payments made after due date.
    (1 1/4% monthly effective 7/1/88 thru current) .......... $ ________
27. Balance due (Bracket to indicate refund) .......... $ ________

(Indicate amount remitted with return in upper right corner of Form 454)

**Estate of:** ________________________________________

**County of Probate:** ______________________________

## SCHEDULE A-1
## REAL ESTATE

| Item Number | Legal Description and Street Address | County Located (1) | Alternate Value (2) | Value at Date of Death (3) |
|---|---|---|---|---|
| | | | | |
| | | **Total** | | |

*(If more space is required, attach additional sheets, marking same as Schedule A-1)*

**Total of column 2 or column 3** (as applicable): $ ______________

| Accrued Rents: Property rented (Item number above) | Time period Accrued: From | To | Amount |
|---|---|---|---|
| | | | $ |
| | | Total accrued rent | $ |
| | | Total of valuation and accrued rents | $ |

**(Carry total to Schedule A-2)**

**Estate of:** ______________________________________

Oil, gas, or other mineral interest owned, leases, rentals, royalties, and leasehold interest in the state of Oklahoma - Indicate whether production is oil, gas, or other minerals.

## Schedule A-2
## Oil, Gas, & Minerals

| Item Number | Complete Legal Description Character of Interest Percent of Interest Owned | Annual Income (1) | Alternate Value (2) | Value at Date of Death (3) |
|---|---|---|---|---|
| | | | | |

*(If more space is required, attach additional sheets, marking same as Schedule A-2)*

Income derived from producing properties from DOD to alternate value date

| | Alternate Value (2) | Value at Date of Death (3) |
|---|---|---|
| **Totals** | $ | $ |

| | |
|---|---|
| Total Schedule A-2 (Column 2 or 3 as applicable) | |
| Total Schedule A-1 | |
| Total Schedule A (carry to line 1 on "Summary of Schedules") | |

**Estate of:** ______________________________________



| Item Number | **Description**<br>**Bonds include** - face value, certificate number and issue date.<br>**Stocks include** - par value, number of shares and stock number.<br>**Mutual Funds include** - number of shares. | Unit Value E/EE Bonds and H Bonds Face Value | Alternate Value | Value at Date of Death plus Accrued Interest and Dividends |
|---|---|---|---|---|
| | | | | |
| **Total** (carry to line 2 on "Summary of Schedules") | | | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule B)*

Estate of: ___________________________________

## SCHEDULE C-1
## INTANGIBLE PERSONAL PROPERTY

| Item Number | Description of Item (include account number) | Name of Bank, Trustee or Debtor and Complete Address | Joint Tenants/ Beneficiary Names | Accrued Interest | Total Principle and Accrued Interest |
|---|---|---|---|---|---|
| | | | | | |
| | | **Total** (carry total to Schedule C-2) | | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule C-1)*

Estate of: ____________________________________

## Schedule C-2
## Tangible Personal Property and Miscellaneous Property

| Item Number | Description and Location | Alternate Value (1) | Value at Date of Death (2) |
|---|---|---|---|
| | | | |

*(If more space is required, attach additional sheets, marking same as Schedule C-2)*

| | | |
|---|---|---|
| **Totals** | $ | $ |

| | |
|---|---|
| Total Schedule C-2 (Column 2 or 3 as applicable) | $ |
| Total Schedule C-1 | $ |
| Total Schedule C (carry to line 3 on “Summary of Schedules”) | $ |

**Estate of:** ________________________________________



| Item Number | Insurance Company<br>Policy Number<br>Owner's Name | Beneficiary | Face Value | Amount Received |
|---|---|---|---|---|
| | | | | |
| **Total** (carry total to line 4 on "Summary of Schedules") | | | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule C-1)*

Was there any insurance on the life of the decedent that was not included on this return?

Yes ________ No ________ If yes, submit documentation.

Estate of: ___________________________________



| Item Number | Legal Description or Character of Transferred Property | Date of Transfer | Name and Address of Transferee. Relationship to Decedent | Alternate Value (1) | Value at Date of Death (2) |
|---|---|---|---|---|---|
| | | | | | |
| | | | **Total** | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule E)*

Total Schedule E (column 1 or 2 as applicable) (carry to line 5 on "Summary of Schedules")..................... $ ___________

| | Yes | No |
|---|---|---|
| Has the decedent filed federal gift tax returns (form 709) within the last three (3) years? If yes, submit copies. .......... | ☐ | ☐ |

## SECTION I - RIGHT OR INTEREST RETAINED

Did the decedent at anytime make a transfer, by trust or otherwise, which was not a bona fide sale for an adequate consideration in money or money's worth in which:

| | Yes | No |
|---|---|---|
| A. The decedent retained a life estate? .......... | ☐ | ☐ |
| B. Possession or enjoyment of the property through ownership can be obtained only by surviving the decedent and the decedent retained a reversionary interest? .......... | ☐ | ☐ |
| C. The decedent retained the power, alone or in conjunction with any other person to alter, amend, revoke, or terminate the transfer? .......... | ☐ | ☐ |

## SECTION II - CONTEMPLATION OF DEATH

Did the decedent within three (3) years immediately preceding death, by trust or otherwise, for less than an adequate consideration in money or money's worth:

| | Yes | No |
|---|---|---|
| A. Transfer an interest in property? .......... | ☐ | ☐ |
| B. Relinquish a power? .......... | ☐ | ☐ |
| C. Exercise a general power of appointment? .......... | ☐ | ☐ |

If the answer to any of the above questions is "yes", furnish the above information to each transfer.

Estate of: ___________________________________

## Schedule F
## Property Not Taxable in Oklahoma

| | | |
|---|---|---|
| **Real estate, mineral interests, leases, and royalties** - Gross value outside Oklahoma | | $ |
| **Personal Property**: | Tangible Property | $ |
| | Intangible Property | $ |
| **Total Gross estate not taxable in Oklahoma** (carry to page 2, line 7) | | $ |

## Schedule G
## Debts, Mortgages, and Taxes due and unpaid at death

| Item Number | Name of Creditor | Description of Claim or of Property Pledged | Amount Unpaid at Date of Death | Amount Claimed as a Deduction |
|---|---|---|---|---|
| | | | | |
| **Total** Debts and Mortgages (carry total to line 12 on "Summary of Schedules") | | | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule G)*

**Estate of:** ________________________________

## SCHEDULE H-1
## ADMINISTRATION AND FUNERAL EXPENSES

| Item Number | Description | Amount Actually Expended |
|---|---|---|
| 1. | Funeral Expenses | $ |
| 2. | Monument ($500) Maximum) | $ |
| 3. | Executors' Commissions (Court approved and paid) | $ |
| 4. | Attorney Fees (Court approved and paid) | $ |
| 5. | Miscellaneous Expenses (Administration expense, court costs, etc.)<br><br>List: | $ |
| | **Total** Schedule H-1 | $ |

## SCHEDULE H-2
## BEQUESTS: CHARITABLE, RELIGIOUS, AND EDUCATIONAL

| | Yes | No |
|---|---|---|
| 1. A. If the transfer was made by will, has any action been instituted to have the will interpreted or to contest the will or any provisions thereof effecting the charitable deductions claimed in this schedule. | | |
| B. According to the information and belief of the person or persons filing the return, is any such action designed or contemplated? If "yes," full details must be submitted with this schedule. | | |
| 2. Did any property pass to charity as the result of a qualified disclaimer? If "yes," attach a copy of the written disclaimer. | | |

| Item Number | Name and Address of Organization | Character of Organization | Paragraph of Will or Trust | Amount |
|---|---|---|---|---|
| | | | | |
| | | | **Total** Schedule H-2 | $ |

*(If more space is required, attach additional sheets, marking same as Schedule H-2)*

Total Schedules H-1 and H-2 (Carry total to line 13 on "Summary of Schedules") $ ________________

Schedule I-1
Property Passing to
Surviving Spouse

**Estate of:** ___________________________________

**Name of surviving spouse:** _______________________________ **Age:** ______

| | Yes | No |
|---|---|---|
| 1. Did any property pass to the surviving spouse as a result of a qualified disclaimer? | ☐ | ☐ |
| 2. Was there an election on the Federal Estate Tax Return (form 706) under section 2056 (b)(7) QTIP? | ☐ | ☐ |
| 3. Has the spouse elected or contemplated to take against the will? | ☐ | ☐ |

If yes, list the QTIP information on Schedule I-2. You must complete the life estate computation on Schedule I-2 because Oklahoma does not recognize a QTIP deduction. *See OAC 710:35-5-61.*

**Part 1 - Property Interest Passing to the Surviving Spouse "Not subject" to a QTIP**

| Item Number | Description of Property Passing to the Surviving Spouse | Out-of-State Property | Property in Oklahoma |
|---|---|---|---|
| | Less: Debts and Expenses (Charged to spouse) | | |
| Total Part 1 if spouse received a life estate, carry total forward and combine with Part 2. If not, carry total to line 10 on "Summary of Schedules" | | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule I-1)*

**Estate of:** ___________________________________

**Schedule I-2**
**Part 2**

| Item Number | Description of Property Interest Passing to the Surviving Spouse, Describe Portion of Estate for which Election was made. | Out-of-State Property (1) | Property in Oklahoma (2) |
|---|---|---|---|
| | | | |
| | **Gross Value** | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule I-2)*

| | |
|---|---|
| Life estate computation: Gross value of QTIP, Oklahoma amount (Column 2, after deductions)............. | $ |
| Percentage per section 817 (Annual equivalent)................................................ | X 5% |
| Annual income factor.......................................................................... | $ |
| Age factor from American Experience Table at 5% .................................. (Column 3 of American Experience Table) | $ |
| Total part 2 (Value of life estate)........................................................... | $ |

| |
|---|
| $ |
| $ |
| $ |

**Estate of:** ___________________________________



| Name, Address and Social Security Number | Age and Relationship | Net value of Share or Value of Property Set Aside (only property taxable in Oklahoma) | |
|---|---|---|---|
| | | Collateral Heirs | Lineal Heirs |
| | | | |
| | Totals | $ | $ |

*(If more space is required, attach additional sheets, marking same as Schedule J)*

**Examples of Heirs:**

**Lineal:** Decedent's parents, children, step-children, grandchildren, and great grandchildren.

**Collateral:** Decedent's step-parents, brother, sister, aunt, uncle, step-grandchildren, nephew, niece, friend, pets, and others.

Tax tables on back of Schedule J.

Carry amounts passing to heirs forward to lines 17 and 18 on "Summary of Schedules".