



OKLAHOMA NONRESIDENT/ PART-YEAR INCOME TAX RETURN

Your Social Security Number

Place an 'X' in this box
if this taxpayer
is deceased ➔ ☐Spouse's Social Security Number
(joint return only)
Place an 'X' in this box
if this taxpayer
is deceased ➔ ☐**AMENDED
RETURN!**Place an 'X' in this
box if this is an
amended 511NR.
See Schedule
511NR-G. ➔ ☐NAME AND ADDRESS
PLEASE PRINT OR TYPE

Your first name, middle initial and last name

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

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

City, State and ZIP

NOT REQUIRED TO FILEPlace an 'X' in this box if you do not have an Oklahoma filing
requirement and are filing for refund of State withholding.
(see instructions) ➔ ☐

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

EXEMPTIONS

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

	REGULAR	* SPECIAL	BLIND
YOURSELF	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPOUSE	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF DEPENDENT CHILDREN <input type="text"/>			
NUMBER OF OTHER DEPENDENTS <input type="text"/>			

ADD THE TOTALS FROM
THE 4 BOXES.
WRITE THE TOTAL
IN THE BOX BELOW.

TOTAL

NOTE: IF YOU MAY
BE CLAIMED AS A
DEPENDENT ON ANOTHER
RETURN, ENTER "0"
FOR YOUR REGULAR
EXEMPTION.

RESIDENCY
STATUS

- ☐ **Nonresident(s)** State of Residence:
- ☐ **Part-Year Resident(s)** From to
- ☐ **Resident/Part-Year Resident/Nonresident**
State of Residence: Yourself Spouse

AGE 65 OR OVER? (Please see instructions)

☐ Yourself ☐ Spouse**Please Round to Nearest Whole Dollar**

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).

	FEDERAL AMOUNT	OKLAHOMA AMOUNT
1 Oklahoma source income (Schedule 511NR-1, line 18).....		1 <input type="text"/> 00
2 Federal adjusted gross income (Schedule 511NR-1, line 19)	<input type="text"/> 00	2 <input type="text"/>
3 Oklahoma additions: Schedule 511NR-A, line 8.....	<input type="text"/> 00	3 <input type="text"/> 00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	<input type="text"/> 00	4 <input type="text"/> 00
5 Oklahoma subtractions: Schedule 511NR-B, line 15.....	<input type="text"/> 00	5 <input type="text"/> 00
6 Adjusted gross income: Okla. Source (line 4 minus line 5)	<input type="text"/> 00	6 <input type="text"/> 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8 ...	<input type="text"/> 00	7 <input type="text"/>

Oklahoma
Standard
Deduction:
• Single or
Married Filing
Separate:
\$6,100

• Married
Filing Joint
or Qualifying
Widow(er):
\$12,200

• Head of
Household:
\$8,950

Itemized
Deductions:
Enclose a
copy of the
Federal
Schedule

8 Adjusted gross income: All Sources (from line 7)	8 <input type="text"/> 00
9 Oklahoma Adjustments (Schedule 511NR-C, line 8)	9 <input type="text"/> 00
10 Income after adjustments (line 8 minus line 9)	10 <input type="text"/> 00
11 Oklahoma standard or Federal itemized deductions	11 <input type="text"/> 00
12 Exemptions (\$1,000 x number of exemptions claimed above)	12 <input type="text"/> 00
13 Total deductions and exemptions (add lines 11 and 12).....	13 <input type="text"/> 00
14 Oklahoma Taxable Income: (line 10 minus line 13)	14 <input type="text"/> 00
15 Oklahoma Income Tax from Tax Table.....	15 <input type="text"/> 00
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. <input type="text"/>	
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-D.	
16 Oklahoma child care/child tax credit (see instructions)	16 <input type="text"/> 00
17 Subtract line 16 from line 15 (This is your tax base)(Do not enter less than zero)....	17 <input type="text"/> 00
18 Tax percentage: Oklahoma Amount (from line 6) <input type="text"/> ÷ Federal Amount (from line 7) <input type="text"/>	18 <input type="text"/> %
19 Oklahoma Income Tax. Multiply line 17 by line 18	19 <input type="text"/> 00



2013 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown
on Form 511NR:Your Social
Security Number:

20	Oklahoma Income Tax. (from page 1, line 19)	20		00
21	Credit for taxes paid to another state (enclose Form 511TX) nonresidents do not qualify ..	21		00
22	Form 511CR - Other Credits Form - List 511CR line number claimed here: <input type="text"/>	22		00
23	Line 20 minus lines 21 and 22 (Do not enter less than zero) ...	23		00
24	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma ..	24		00
	If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>			00
25	Balance (add lines 23 and 24)	25		00
26	Oklahoma withholding (enclose W-2s, 1099s or withholding statement)	26		00
27	2013 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/>	27		00
28	2013 payment with extension	28		00
29	Oklahoma earned income credit (Sch. 511NR-E, line 4)	29		00
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30		00
31	Payments and credits (add lines 26-30)	31		00
32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32		00
33	Total payments and credits (line 31 minus line 32)	33		00
34	If line 33 is more than line 25, subtract line 25 from line 33. This is your overpayment	34		00
35	Amount of line 34 to be applied to 2014 estimated tax (original return only) (see page 4 of 511NR Packet for further information) ..	35		00
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. Enclose Schedule 511NR-F. <input type="text"/>				
36	Donations from your refund (Sch. 511NR-F, line 20)	36		00
37	Total deductions from refund (add lines 35 and 36)	37		00
38	Amount to be refunded (line 34 minus line 37)	38		00

Direct Deposit Note:

For Direct Deposit Information see the 511NR Packet. If you do not have your refund deposited directly into your bank account, you will receive a debit card. For debit card information see "All About Refunds" in the 511NR Packet.

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 accountRouting
Number:☐ savings accountAccount
Number:

39	If line 25 is more than line 33, subtract line 33 from line 25. This is your tax due	39		00
40	Donation: Eastern Red Cedar Revolving Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	40		00
41	Donation: Public School Classroom Support Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	41		00
42	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	42		00
43	For delinquent payment add penalty of 5% \$ plus interest of 1.25% per month \$	43		00
44	Total tax, donation, penalty and interest (add lines 39-43)	44		00

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. ☐

Taxpayer's signature	Date	Spouse's signature	Date	Paid Preparer's signature	Date
Taxpayer's occupation		Spouse's occupation		Paid Preparer's address and phone number	
Daytime Phone Number (optional)		A COPY OF FEDERAL RETURN MUST BE PROVIDED.		Paid Preparer's PTIN	

Please remit to: Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, OK 73126-0800

NOTE: Enclose this page with your return.

Name(s) shown
on Form 511NR:Your Social
Security Number:**SCHEDULE 511NR-1****Income Allocation for Nonresidents and
Part-Year Residents**

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.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	Wages, salaries, tips, etc.....		00	1	00
2	Taxable interest income.....		00	2	00
3	Dividend income.....		00	3	00
4	Taxable refunds (state income tax).....		00	4	00
5	Alimony received.....		00	5	00
6	Business income or (loss) (Federal Schedule C).....		00	6	00
7	Capital gains or losses (Federal Schedule D).....		00	7	00
8	Other gains or losses (Federal Form 4797).....		00	8	00
9	Taxable IRA distribution.....		00	9	00
10	Taxable pensions and annuities.....		00	10	00
11	Rental real estate, royalties, partnerships, etc.....		00	11	00
12	Farm income or (loss).....		00	12	00
13	Unemployment compensation.....		00	13	00
14	Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)		00	14	00
15	Other income (identify: _____)		00	15	00
16	Add lines 1 through 15.....		00	16	00
17	Total Federal adjustments to income (identify: _____)		00	17	00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....			18	00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....		00	19	

SCHEDULE 511NR-A**Oklahoma Additions**See instructions for details on
qualifications and required enclosures.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	State and municipal bond interest.....		00	1	00
2	Lump sum distributions (not included in your Federal AGI).....		00	2	00
3	Federal net operating loss.....		00	3	00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....		00	4	00
5	Expenses incurred to provide Okla. child care programs.....		00	5	00
6	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....		00	6	00
7	Miscellaneous: Other additions..... (enter number in box for the type of addition <input type="text"/>)		00	7	00
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511NR)		00	8	00

NOTE: Enclose this page **ONLY** if you have an amount shown on a schedule.Name(s) shown
on Form 511NR:Your Social
Security Number:**SCHEDULE 511NR-B****Oklahoma Subtractions**See instructions for details on
qualifications and required enclosures.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	Interest on U.S. government obligations		00	1	00
2	Taxable Social Security (from Schedule 511NR-1, line 14) ...		00	2	00
3	Federal civil service retirement in lieu of social security		00	3	00
	- Retirement Claim Number: <div>TAXPAYER NUMBER</div> <div>SPOUSE NUMBER</div>				
4	Military Retirement (see instructions for limitation)		00	4	00
5	Oklahoma government or Federal civil service retirement		00	5	00
6	Other retirement income		00	6	00
7	U.S. Railroad Retirement Board Benefits		00	7	00
8	Additional depletion		00	8	00
9	Oklahoma net operating loss (Loss Year[s] <div></div>)		00	9	00
10	Exempt tribal income		00	10	00
11	Gains from the sale of exempt government obligations		00	11	00
12	Nonresident military wages (enclose W-2)		00	12	
13	Oklahoma Capital Gain Deduction (Enclose Form 561NR)		00	13	00
14	Miscellaneous: Other subtractions (enter number in box for the type of deduction <div></div>)		00	14	00
15	Total subtractions (add lines 1-14, enter total here and on line 5 of Form 511NR)		00	15	00

SCHEDULE 511NR-C**Oklahoma Adjustments**See instructions for details on
qualifications and required enclosures.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	1	00
2	Qualifying disability deduction (residents and part-year residents only)	2	00
3	Political contribution (limited to \$100 [\$200 for joint return])	3	00
4	Interest qualifying for exclusion (limited to \$100 [\$200 for joint return])	4	00
5	Qualified adoption expense	5	00
6	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ...	6	00
7	Miscellaneous: Other adjustments (enter number in box for the type of deduction <div></div>)	7	00
8	Total Adjustments (add lines 1-7, enter total here and on line 9 of Form 511NR)	8	00

NOTE: Enclose this page ONLY if you have an amount shown on a schedule.Name(s) shown
on Form 511NR:Your Social
Security Number:**SCHEDULE 511NR-D Child Care/Child Tax Credit**See instructions for details on qualifications
and required enclosures.

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 Oklahoma 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 Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Enclose a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00	
2	Multiply line 1 by 20%.....	2		00	
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit).....	3		00	
4	Multiply line 3 by 5%.....	4		00	
5	Enter the larger of line 2 or line 4	5		00	
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6		%	
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on Form 511NR, line 16	7		00	

SCHEDULE 511NR-E Earned Income CreditSee instructions for details on qualifications
and required enclosures.

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. Enclose a copy of your Federal return.

Nonresidents do not qualify.

1	Federal earned income credit.....	1		00
2	Multiply line 1 by 5%.....	2		00
3	Divide the amount on line 6 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	3		%
4	Oklahoma earned income credit..... (multiply line 2 by line 3, enter total here and on line 29 of Form 511NR)	4		00

NOTE: Enclose this page ONLY if you have an amount shown on a schedule.Name(s) shown
on Form 511NR:Your Social
Security Number:**SCHEDULE 511NR-F****Donations from Refund**

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, their mission, how funds are utilized and their mailing address are shown in Schedule 511NR-F Information on pages 25 and 26 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. If you are not receiving a refund and wish to donate to the Eastern Red Cedar Revolving Fund or the Public School Classroom Support Fund, please see line 40 or 41 of Form 511NR.

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 36 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 36 of Form 511NR.

1	Oklahoma Wildlife Diversity Program.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 1	<input type="text"/>	<input type="text"/> 00
2	Low Income Health Care Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 2	<input type="text"/>	<input type="text"/> 00
3	Oklahoma Breast and Cervical Cancer Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 3	<input type="text"/>	<input type="text"/> 00
4	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 4	<input type="text"/>	<input type="text"/> 00
5	Oklahoma Pet Overpopulation Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 5	<input type="text"/>	<input type="text"/> 00
6	Support of the Oklahoma National Guard.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 6	<input type="text"/>	<input type="text"/> 00
7	Oklahoma Leukemia and Lymphoma Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 7	<input type="text"/>	<input type="text"/> 00
8	Support of Programs for Regional Food Banks in Oklahoma.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 8	<input type="text"/>	<input type="text"/> 00
9	Support of Folds of Honor Scholarship Program..	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 9	<input type="text"/>	<input type="text"/> 00
10	Y.M.C.A. Youth and Government Program.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 10	<input type="text"/>	<input type="text"/> 00
11	Multiple Sclerosis Society Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 11	<input type="text"/>	<input type="text"/> 00
12	Support Oklahoma Honor Flights.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 12	<input type="text"/>	<input type="text"/> 00
13	Eastern Red Cedar Revolving Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 13	<input type="text"/>	<input type="text"/> 00
14	Support of Domestic Violence and Sexual Assault Services.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 14	<input type="text"/>	<input type="text"/> 00
15	Support of Volunteer Fire Departments.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 15	<input type="text"/>	<input type="text"/> 00
16	Oklahoma Lupus Revolving Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 16	<input type="text"/>	<input type="text"/> 00
17	Oklahoma Sports Eye Safety Program.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 17	<input type="text"/>	<input type="text"/> 00
18	Historic Greenwood District Music Festival Fund.	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 18	<input type="text"/>	<input type="text"/> 00
19	Public School Classroom Support Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	<input type="checkbox"/> \$... 19	<input type="text"/>	<input type="text"/> 00
20	Total donations (add lines 1-19, enter total here and on line 36 of Form 511NR).....					20	<input type="text"/>	<input type="text"/> 00

SCHEDULE 511NR-G**Amended Return Information**Did you file an amended Federal return? Yes ☐ No ☐

If Yes, enclose a copy of the IRS Form 1040X or 1045 AND a copy of the "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, enclose a separate schedule.
