

# OKLAHOMA PARTNERSHIP INCOME TAX RETURN

Form 514  
2013



This form must be filed on or before the 15th day  
of the fourth month after the close of the taxable year.

For the year January 1 - December 31, 2013, or other taxable year  
beginning:  , 2013 ending:  ,

**AMENDED  
RETURN!**

Place an 'X' in this  
box if this is an  
amended  
514: ☐

Partnership Name:

Street Address:

City, State and ZIP:

Federal Employer Identification Number:

Business Code Number:

County in which located:

Was a 2012  
Partnership Income  
Tax return filed?

Yes

No

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

Enter number of partners: \_\_\_\_\_ Note: An Oklahoma return must be filed by all partnerships having Oklahoma source income.

Enter total amount of Oklahoma Net Distributable Income (Part 3, Column B, line 15): \_\_\_\_\_

**PART 1: TAX COMPUTATION FOR NONRESIDENT COMPOSITE FILERS ONLY** - Complete Part 1 if filing  
a composite return for your nonresident partners. Any nonresident partner may be included in the composite return.  
Enclose Form 514-PT: Oklahoma Partnership Composite Income Tax Supplement. **If there is no composite return  
being filed, do not complete Part 1.**

1	Nonresident share of income (514-PT, Column F, line J) .....	1	<input type="text"/>	00
2	Nonresident Oklahoma tax (514-PT, Column H, line K).....	2	<input type="text"/>	00
3	<b>Less:</b> Other Credits form (see instructions) (enclose Form 511CR)..... <input type="checkbox"/>	3	<input type="text"/>	00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4	<input type="text"/>	00
5	2013 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 Forms 1099, 500A, 500B, etc.).....	7	<input type="text"/>	00
8	Amount paid with original return and amount paid after it was filed (amended return only) .....	8	<input type="text"/>	00
9	Any refunds or overpayment applied (amended return only) .....	9	<input type="text"/>	00
10	Total of lines 5 through 9.....	10	<input type="text"/>	00
11	Overpayment (line 10 minus line 4) .....	11	<input type="text"/>	00
12	Amount of line 11 to be credited to 2014 estimated tax (original return only) ..	12	<input type="text"/>	00
13	Amount of line 11 to be refunded to you (line 11 minus line 12)..... Refund →	13	<input type="text"/>	00

**Direct Deposit Note:**

All refunds must be by direct deposit.  
See Direct Deposit Information on  
page 11 of the 514 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:

14	Tax Due (line 4 minus line 10) .....	Tax Due →	14	<input type="text"/>	00
15	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/>	15	<input type="text"/>	00
16	<b>For delinquent payment</b> add penalty of 5% ..... \$ ..... plus interest of 1.25% per month..... \$ .....		16	<input type="text"/>	00
17	Total tax, penalty and interest (add lines 14, 15 and 16) .....	Balance Due →	17	<input type="text"/>	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

Signature of Partner or Member		Date	
Printed Name			
Title	Area Code and Phone Number		

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

**PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS****CAUTION:** Include only trade or business income and expenses on lines 1a through 21 below.

		<b>Column A</b> As reported on Federal Return	<b>Column B</b> Total applicable to Oklahoma
1	a. Gross receipts or sales..... \$ _____	00	00
	b. <b>Minus</b> returns and allowances \$ _____ 1	00	00
2	Cost of goods sold and/or operations..... 2	00	00
3	Gross profit (subtract line 2 from line 1) ..... 3	00	00
4	Ordinary income (loss) from other partnerships and fiduciaries (enclose schedule) ..... 4	00	00
5	Net farm profit (loss) (enclose Sch. F, Form 1040)..... 5	00	00
6	Net gain (loss) (Form 4797, line 18)..... 6	00	00
7	Other income (loss) (enclose schedule) ..... 7	00	00
8	<b>Total income</b> (loss) (add lines 3 through 7)..... 8	00	00
9	Salaries and wages (other than to partners) ..... 9	00	00
10	Guaranteed payments to partners..... 10	00	00
11	Repairs and maintenance ..... 11	00	00
12	Bad debts ..... 12	00	00
13	Rent..... 13	00	00
14	Taxes and licenses ..... 14	00	00
15	Interest ..... 15	00	00
16	Depreciation ..... 16	00	00
17	Depletion (do not deduct oil and gas depletion) ..... 17	00	00
18	Retirement plans, etc ..... 18	00	00
19	Employee benefit program ..... 19	00	00
20	Other deductions (enclose schedule)..... 20	00	00
21	<b>Total deductions</b> (add lines 9 through 20)..... 21	00	00
22	<b>Ordinary Income (Loss) from trade or business:</b>		
	Subtract line 21 from line 8..... 22	00	00

**PART 3: DISTRIBUTIVE SHARE ITEMS**

		<b>Column A</b> As reported on Federal Return	<b>Column B</b> Total applicable to Oklahoma
1	Ordinary income (loss) from trade or business activity(ies) (Part 2, line 22)... 1	00	00
2	Net income (loss) from rental real estate activity(ies) (enclose schedule) .... 2	00	00
3	Net income (loss) from other rental activity(ies) (enclose schedule) ..... 3	00	00
4	<b>Portfolio Income (loss)</b>	00	00
	a. Interest on loans, notes, mortgages, bonds, etc..... 4a		
	b. Interest on obligations of a State or political subdivision ..... 4b		
	c. Interest on obligations of the United States ..... 4c	00	
	d. Other interest income ..... 4d	00	00
	e. Dividend income ..... 4e	00	00
	f. Royalty income (patent or copyright) ..... 4f	00	00
	g. Net short-term capital gain (loss)..... 4g	00	00
	h. Net long-term capital gain (loss)..... 4h	00	00
	i. Other portfolio income (loss) (enclose schedule) ..... 4i	00	00
5	Net gain (loss) under section 1231 (Other than due to casualty or theft) ..... 5	00	00
6	Other (enclose schedule) ..... 6	00	00
7	<b>Total income</b> (Add lines 1 through 6) ..... 7	00	00
8	<b>Deductions</b>	00	00
	Contributions ..... 8	00	00
9	Expense deductions for recovery property (Section 179) (enclose sch.) . 9	00	00
10	Deductions related to portfolio income ..... 10	00	00
11	Depletion (Other than oil and gas)..... 11	00	00
12	Intangible drilling costs ..... 12	00	00
13	Other deductions authorized by law (enclose schedule) ..... 13	00	00
14	<b>Total deductions</b> (Add lines 8 through 13)..... 14	00	00
15	<b>Net distributive income</b> (line 7 minus line 14)..... 15	00	00

If Federal and Oklahoma distributive net income is the same, you may complete Part 3, line 15, then complete Part 5.  
Enclose a copy of your Federal Form 1065 and K-1s.



# **PART 4: COMPUTATION OF OKLAHOMA TAXABLE INCOME OF A UNITARY ENTERPRISE WHOSE INCOME IS PARTLY WITHIN AND PARTLY WITHOUT OKLAHOMA**

1	Net distributable income from Page 2, Part 3, Column A, line 15 .....		1	
2	Add: (a) .....	2a		
	(b) Unallowable deduction (enclose schedule) .....	2b		
	(c) Other income (enclose schedule) .....	2c		
	(d) Total of lines 2a through 2c .....		2d	
3	Deduct all items separately allocated:			
	(a) Interest on obligations of the United States .....	3a		
	(b) .....	3b		
	(c) .....	3c		
	(d) Total of lines 3a through 3c .....		3d	
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income (line 1 plus line 2d, minus line 3d) .....		4	
5	Oklahoma's portion thereof _____%, from schedule below .....		5	
6	Add items separately allocated to Oklahoma:			
	(a) .....	6a		
	(b) .....	6b		
	(c) .....	6c		
	(d) .....	6d		
	(e) Total of lines 6a through 6d .....		6e	
7	Oklahoma distributable net income (add lines 5 and 6e; enter here and on Page 2, Part 3, Column B, line 15) .....		7	

## **APPORTIONMENT FORMULA**

**Note: Enclose a complete copy of your Federal return.**

		<b>Column A Total Within Oklahoma</b>	<b>Column B Total Within and Without Oklahoma</b>	<b>A divided by B Percent Within Oklahoma</b>
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 Part 4, line 5 above) .....			6 %



# **PART 5:** ALL PARTNERSHIPS MUST COMPLETE PART 5 OR MAY ENCLOSE THE FEDERAL K-1S IF OKLAHOMA INFORMATION IS STATED SEPARATELY ON THE FEDERAL K-1.

If completing Part 5, use Form 514-SUP when there are more than 3 partners. Use as many Forms 514-SUP as needed.

		PARTNER 1	PARTNER 2	PARTNER 3
1	Name and address of each partner Name:  Address:  City, State, ZIP:			
2	SSN or FEIN			
3	Percentage of Partnership Owned			
4	Distributable Federal Income			
5	Distributable Oklahoma Income (see instructions)			
6	Guaranteed Payments (Federal)			
7	Guaranteed Payments (Oklahoma)			
8	Oil and Gas Depletion (Federal)			
9	Oil and Gas Depletion (Oklahoma)			
10	Amount of Credit			
11	Type of Credit			
12	Amount of Withholding			
13	Type of Withholding			
Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice:** Forms required to compute withholding and credits must be enclosed with partnership return. Examples of these include: Form 1099 MISC, Form 500A: Nonresident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit, and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

**NOTE: ENCLOSE A COMPLETE COPY OF YOUR FEDERAL FORM 1065 OR 1065-B.**

## **PART 6: 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 and principal locations in Oklahoma \_\_\_\_\_

Date business began in Oklahoma \_\_\_\_\_

**Mail to: Oklahoma Tax Commission, PO Box 26800, Oklahoma City, Oklahoma 73126-0800**



# State of Oklahoma

## SUPPLEMENTAL SCHEDULE FOR

### FORM 514, PART 5

FORM **514-SUP** 2013

NOTE: Place Form(s) 514-SUP immediately after Form 514, page 4. Make note of the number of Forms 514-SUP that are included in the partnership return (e.g. If there are five Forms 514-SUP, the second Form 514-SUP would have 2 of 5 shown in the Page section below.)

<b>Name of Partnership</b> _____	<b>FEIN</b> _____	<b>Page</b> _____ of _____
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		PARTNER _____	PARTNER _____	PARTNER _____
1	Name and address of each partner Name:  Address:  City, State, ZIP:			
2	SSN or FEIN			
3	Percentage of Partnership Owned			
4	Distributable Federal Income			
5	Distributable Oklahoma Income (see instructions)			
6	Guaranteed Payments (Federal)			
7	Guaranteed Payments (Oklahoma)			
8	Oil and Gas Depletion (Federal)			
9	Oil and Gas Depletion (Oklahoma)			
10	Amount of Credit			
11	Type of Credit			
12	Amount of Withholding			
13	Type of Withholding			
Is the Partner being included in Composite filing? (If Yes, complete Form 514-PT)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No