



# OKLAHOMA RESIDENT INCOME TAX RETURN

Your Social Security Number

Place an 'X' in this box if this taxpayer is deceased → ☐**AMENDED RETURN!**Spouse's Social Security Number  
(joint return only)Place an 'X' in this box if this taxpayer is deceased → ☐Place an 'X' in this box if this is an amended 511. See Schedule 511-H. → ☐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 FILE**Place an 'X' in this box if you do not have sufficient gross income to require you to file a Federal return. (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: \_\_\_\_\_

AGE 65 OR OVER? (Please see instructions)

☐

Yourself

☐

Spouse

EXEMPTIONS

\* NOTE: If claiming Special Exemption, see instructions on page 7 of 511 Packet.

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

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.

**PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME**

Round to Nearest Whole Dollar

If you are not required to file, see page 5 of the 511 Packet.

1	Federal adjusted gross income (from Federal 1040, 1040A, or 1040EZ) . . .	1	<input type="text"/>	00
2	Oklahoma Subtractions (enclose Schedule 511-A) . . . . .	2	<input type="text"/>	00
3	Line 1 minus line 2 . . . . .	3	<input type="text"/>	00
4	Out-of-state income, except wages. Describe (4a) (Enclose Federal schedule with detailed description; see instructions) _____	4b	<input type="text"/>	00
5	Line 3 minus line 4b . . . . .	5	<input type="text"/>	00
6	Oklahoma Additions (enclose Schedule 511-B) . . . . .	6	<input type="text"/>	00
7	<b>Oklahoma adjusted gross income</b> (line 5 plus line 6) . . . . .	7	<input type="text"/>	00

**PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS**

Oklahoma Standard Deduction:

- Single or Married Filing Separate: \$6,300
- Married Filing Joint or Qualifying Widow(er): \$12,600
- Head of Household: \$9,250

Itemized Deductions: Enclose copy of the Federal Schedule A.

8	Oklahoma Adjustments (enclose Schedule 511-C) . . . . .	8	<input type="text"/>	00
9	Oklahoma income after adjustments (line 7 minus line 8) . . . . .	9	<input type="text"/>	00
<b>STOP AND READ:</b> If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-D and do not complete lines 10-11.				
10	Oklahoma standard deduction or Federal itemized deductions . . . . .	10	<input type="text"/>	00
11	Exemptions (\$1,000 x total number of exemptions claimed above). . . . .	11	<input type="text"/>	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-D, line 5) . . . . .	12	<input type="text"/>	00
13	<b>Oklahoma Taxable Income</b> (line 9 minus line 12) . . . . .	13	<input type="text"/>	00
14	Oklahoma Income Tax from Tax Table (see pages 20-31 of instructions) If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box. <input type="checkbox"/> If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box. <input type="checkbox"/>	14	<input type="text"/>	00
<b>STOP AND READ:</b> If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedule 511-E.				
15	Oklahoma child care/child tax credit (see instructions) . . . . .	15	<input type="text"/>	00
16	Credit for taxes paid to another state (enclose Form 511TX). . . . .	16	<input type="text"/>	00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here.. <input type="checkbox"/>	17	<input type="text"/>	00
18	<b>Income Tax</b> (line 14 minus lines 15-17) <b>Do not enter less than zero</b> <b>DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.</b>	18	<input type="text"/>	00


 Name(s) shown  
on Form 511:

 Your Social  
Security Number:

**PART THREE: TAX, CREDITS AND PAYMENTS**

19	Total from line 18 .....	19		00
20	Use tax due on Internet, mail order, or other out-of-state purchases .....	20		00
(For use tax table, see page 11 of the Packet) If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>				
21	Balance (add lines 19 and 20) .....	21		00
22	Oklahoma withholding (enclose all W-2s, 1099s or other withholding statements) ..	22		00
23	2015 estimated tax payments (qualified farmer <input type="checkbox"/> ) .....	23		00
24	2015 payment with extension .....	24		00
25	Low Income Property Tax Credit (enclose Form 538-H) .....	25		00
26	Sales Tax Relief Credit (enclose Form 538-S)(see back of Form 538-S or 511 Packet for further information) .....	26		00
27	Natural Disaster Tax Credit (enclose Form 576) .....	27		00
28	Oklahoma Earned Income Credit (see instructions)(If line 7 is equal to or more than line 1, complete line 28. If line 7 is smaller than line 1, complete Schedule 511-F. If you are not required to file, see "Not Required to File" on page 5 of the 511 Packet for instructions) .....	28		00
29	Credits from Form .....	29		00
30	Amount paid with original return plus additional paid after it was filed (amended return only) .....	30		00
31	<b>Payments and credits</b> (add lines 22-30) .....	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	<b>Total payments and credits</b> (line 31 minus line 32) .....	33		00

**PART FOUR: REFUND**

34	If line 33 is more than line 21, subtract line 21 from line 33. This is your <b>overpayment</b> ..	34		00
35	Amount of line 34 to be applied to 2016 estimated tax (original return only) .....	35		00
Schedule 511-G 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 511-G in the box below. If you give to more than one organization, put a "99" in the box. Enclose Schedule 511-G. <input type="checkbox"/>				
36	Donations from your refund (total from Schedule 511-G) ..	36		00
37	Total deductions from refund (add lines 35 and 36) .....	37		00
38	Amount to be <b>refunded</b> to you (line 34 minus line 37) .....	38		00

**Direct Deposit Note:**

Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511 Packet for direct deposit and debit card information.

 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

 Routing  
Number:

☐ savings account

 Account  
Number:

**PART FIVE: AMOUNT YOU OWE**

39	If line 21 is more than line 33, subtract line 33 from line 21. This is your <b>tax due</b> .....	39		00
40	Donation: Public School Classroom Support Fund (original return only) .....	40		00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> ) .....	41		00
42	<b>For delinquent payment</b> add penalty of 5% .....	42		00
43	plus interest of 1.25% per month .....	43		00
43	<b>Total tax, donation, penalty and interest</b> (add lines 39-42) .....	43		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
Taxpayer's occupation	
Daytime Phone (optional)	

Spouse's signature	Date
Spouse's occupation	
Daytime Phone (optional)	

Paid Preparer's signature	Date
Paid Preparer's address and phone number	
Paid Preparer's PTIN	

DO NOT STAPLE DOCUMENTATION TO THIS FORM. TO ATTACH ITEMS, PLEASE USE A PAPER CLIP.  
MAILING ADDRESS FOR THIS FORM: P.O. Box 26800, OKLAHOMA CITY, OK 73126-0800  
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

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

1	Interest on U.S. government obligations .....	1		00
2	Social Security benefits taxed on your Federal Form 1040 or 1040A .....	2		00
3	Federal civil service retirement in lieu of social security .....	3		00
	└ Retirement Claim Number: Taxpayer <input type="text"/> Spouse <input type="text"/>			
4	Military Retirement (see instructions for limitation) .....	4		00
5	Oklahoma government or Federal civil service retirement (see instructions for limitation) ....	5		00
6	Other retirement income .....	6		00
7	U.S. Railroad Retirement Board benefits .....	7		00
8	Oklahoma depletion .....	8		00
9	Oklahoma net operating loss .....	Loss Year(s) <input type="text"/>	9	00
10	Exempt tribal income .....	10		00
11	Gains from the sale of exempt government obligations .....	11		00
12	Oklahoma Capital Gain Deduction (enclose Form 561) .....	12		00
13	Miscellaneous: Other subtractions (enter number in box for type of deduction) . <input type="text"/>	13		00
14	<b>Total subtractions</b> (add lines 1-13, enter total here and on line 2 of Form 511) .....	14		00

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

1	State and municipal bond interest .....	1		00
2	Out-of-state losses (describe _____ ) Enter as a positive number .	2		00
3	Lump sum distributions (not included in your Federal Adjusted Gross Income) .....	3		00
4	Federal net operating loss - Enter as a positive number .....	4		00
5	Recapture of depletion claimed on a lease bonus or add back of excess Federal depletion .....	5		00
6	Recapture of Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ..	6		00
7	Miscellaneous: Other additions (enter number in box for type of addition) .....	7	<input type="text"/>	00
8	<b>Total additions</b> (add lines 1-7, enter total here and on line 6 of Form 511) .....	8		00

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

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement income) ...	1		00
2	Qualifying disability deduction .....	2		00
3	Qualified adoption expense .....	3		00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ..	4		00
5	Deduction for providing foster care .....	5		00
6	Miscellaneous: Other adjustments (enter number in box for type of deduction) <input type="text"/>	6		00
7	<b>Total adjustments</b> (add lines 1-6, enter total here and on line 8 of Form 511) .....	7		00

**NOTE: Enclose this page ONLY if you have an amount shown on a schedule.**Name(s) shown  
on Form 511:Your Social  
Security Number:**SCHEDULE 511-D****Deductions and Exemptions**

See instructions for details on qualifications and required enclosures.

Use this schedule if you have income from out-of-state (Form 511, line 4). Your exemptions and deductions must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income reduced by allowable adjustments except out-of-state income. If you do not have out-of-state income on Form 511, line 4, do not use this schedule. Instead complete Form 511, lines 10-11.

1	Oklahoma standard deduction or Federal itemized deductions claim .....	1		00
2	Exemptions (\$1,000 x number of exemptions claimed at top of Form 511) .....	2		00
3	Total (add lines 1 and 2) .....	3		00
4	Divide the amount on line 7 of Form 511 by the amount on line 3 of Form 511 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%) .....	4		%
5	<b>Total allowable deductions and exemptions</b> (multiply line 3 by percentage on line 4, enter total here and on line 12 of Form 511) (Leave lines 10 and 11 of Form 511 blank) .....	5		00

**SCHEDULE 511-E****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, 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 <b>care</b> credit .....	1		00
2	Multiply line 1 by 20% .....	2		00
3	Enter your Federal child <b>tax</b> 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 511 by the amount on line 1 of Form 511 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; 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 line 15 of Form 511 .....	7		00

**SCHEDULE 511-F****Earned Income Credit**

See instructions for details on qualifications and required enclosures.

You are allowed a credit equal to 5% of the Earned Income Credit allowed on your Federal return. The credit must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. Enclose a copy of your Federal return. If you are not required to file, see "Not Required to File" on page 5 of the 511 Packet for instructions.

1	Federal earned income credit .....	1		00
2	Multiply line 1 by 5% .....	2		00
3	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; 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 .....	4		00

**NOTE: Enclose this page ONLY if you have an amount shown on a schedule or are filing an amended return.**Name(s) shown  
on Form 511:Your Social  
Security Number:**SCHEDULE 511-G****Donations from Refund (Original return only)**

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized, and mailing addresses are shown in Schedule 511-G Information. If you are not receiving a refund, but would like to make a donation to one of these organizations, Schedule 511-G 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 Public School Classroom Support Fund, please see line 40 of Form 511.

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 511, 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 511.

1	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"/> \$	... 1		00
2	Support of the Oklahoma National Guard .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 2		00
3	Support of Programs for Regional Food Banks in Oklahoma .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 3		00
4	Support of Domestic Violence and Sexual Assault Services .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 4		00
5	Support of Volunteer Fire Departments .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 5		00
6	Oklahoma Lupus Revolving Fund .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 6		00
7	Oklahoma Sports Eye Safety Program.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 7		00
8	Historic Greenwood District Music Festival Fund ..	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 8		00
9	Public School Classroom Support Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 9		00
10	<b>Total donations</b> (add lines 1-9, enter total here and on line 36 of Form 511) .....				10		00

**Schedule 511-H: 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.

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**Information for Schedule 511-G****1- Support for Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children**

You may donate from your tax refund to support programs for volunteers to act as Court Appointed Special Advocates for abused or neglected children. Donations will be placed in the Income Tax Checkoff Revolving Fund for Court Appointed Special Advocates. Monies will be expended by the Office of the Attorney General for the purpose of providing grants to the Oklahoma CASA Association. If you are not receiving a refund, you may still donate. Mail your contribution to: Oklahoma CASA Association, Inc., P.O. Box 54946, Oklahoma City, OK 73154.

**2- Support of the Oklahoma National Guard**

You have the opportunity to donate from your tax refund for the benefit of providing financial relief to qualified members of the Oklahoma National Guard and their families. Donations will be placed in the Income Tax Checkoff Revolving Fund for the Support of the Oklahoma National Guard Relief Program. Monies, to assist Oklahoma National Guard members and their families with approved hardship expenses, will be expended by the Military Department. If you are not receiving a refund, you may still donate. Please mail your contribution to: Operation Homefront Task Force, 3501 Military Circle, Oklahoma City, OK 73111-4398.