

State of Oklahoma Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

490-54-9999

If died in 2024 or 2025, enter date of death:

Spouse's Social Security Number:

If died in 2024 or 2025, enter date of death:

Instructions on page 3. Please read carefully as an incomplete form may delay your refund.

FORM

538-S

2024

Taxpayer's First Name	Middle Initial	Last Name	Spouse's First Name (If a Joint Return)	Middle Initial	Last Name
A		A			
Mailing Address (Number and street, including apartment number, or rural route)			City	State	ZIP

PART 1: TAXPAYER INFORMATION

Physical Address in 2024 (If different than shown in mailing address section):

Place an "X" if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

Place an "X" if you or your spouse are 65 years of age or over

Oklahoma resident for the entire year? yes no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, provide schedule.	See Instructions			5. Yearly Income
	2. Age	3. Social Security Number	4. Relationship	

EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...

A. Yourself	1
B. Spouse	0
C. Number of dependents	0
D. Total exemptions claimed (add A-C)	1

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2024.

See "Total gross household income" definition on page 3 for examples of income.

1	Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)
2	Enter total interest and dividend income received
3	Total of all dependents' income (from Part 2, column 5)
4	Social Security payments (total including Medicare)
5	Railroad Retirement benefits
6	Other pensions, annuities and IRAs
7	Alimony
8	Unemployment benefits

YEARLY INCOME		
YOU MAY NOT ENTER NEGATIVE AMOUNTS.		
1	11847	00
2	111	00
3		00
4	19409	00
5		00
6	16757	00
7		00
8		00



Name(s) Shown on Form 538-S:
A A

Your Social Security Number:
490-54-9999

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2024.

See "Total gross household income" definition on page 3 for examples of income.

9 Earned Income Credit (EIC) received in 2024
(if applicable, combine federal and Oklahoma amounts)

10 Nontaxable sources of income (specify) _____

11 Enter **gross** (positive) income from rentals, royalties, partnerships, estates & trusts, and gains
from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules)

12 Enter **gross** (positive) income from business and farm (provide Federal return including schedules)

13 Other income-including income of others living in your household (specify) _____

14 **Total gross household income** (Add lines 1-13)

YEARLY INCOME	
YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
9	00
10	00
11	00
12	00
13	00
14	48124 00

If line 14 is over income limits shown in steps 2 and 3 on page 3, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on page 3.)

15 Total qualified exemptions claimed in Box D on page 1 x \$40 (credit claimed) 15

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See page 3 for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 25.

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. Due to electronic banking rules, the Oklahoma Tax Commission (OTC) will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check

Send my refund as a: <input type="checkbox"/> Debit Card <input type="checkbox"/> Paper Check	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Direct Deposit my refund in my: <input type="checkbox"/> Checking Account Routing Number: <input type="text"/> <input type="checkbox"/> Savings Account Account Number: <input type="text"/>	

If the OTC may discuss this return with your tax preparer, place an 'X' here:

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date	Spouse's Signature and Date
Occupation	Occupation

Preparer's Signature and Date