

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

490-54-9197

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 511. See Schedule 511-I. →

Name and Address - Please Print or Type

Your First Name

Middle Initial

Last Name

If a Joint Return, Spouse's First Name

Middle Initial

Last Name

DEPXLS

A

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

City

State

ZIP or Postal Code

Country

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:

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

Exemptions

	Regular	* Special	Blind		
Yourself	1	+		=	1 (a)
Spouse		+		=	
Number of dependents					1 (c)
Add the Totals from boxes (a), (b) & (c). Enter the TOTAL here:					2

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions)

☐ Yourself

☐ Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You
A	A	490-54-8888	01/01/2019	SON

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

Round to Nearest Whole Dollar

1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	20000	00
2	Oklahoma Subtractions (provide Schedule 511-A)	2		00
3	Line 1 minus line 2	3	20000	00
4	Out-of-state income, except wages. Describe: (Provide Federal schedule with detailed description; see instructions)	4		00
5	Line 3 minus line 4	5	20000	00
6	Oklahoma Additions (provide Schedule 511-B)	6		00
7	Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)	7	20000	00
PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS				
8	Oklahoma Adjustments (provide Schedule 511-C)	8		00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	20000	00



Name(s) Shown
on Form 511: DEP XLS A

Your Social
Security Number: 490549197

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	10	9350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1 2 X \$1,000	11	2000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)	12	11350	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	8650	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14 14a 104 00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14. 14b 00			
	Oklahoma Income Tax (line 14a plus line 14b)	14	104	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions)	15	80	00
16	Credit for taxes paid to another state (provide Form 511TX)	16		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.	18	24	00

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here:	19		00
20	Balance (add lines 18 and 19)	20	24	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21		00
22	2023 estimated tax payments . . . (qualified farmer)	22		00
23	2023 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H)	24		00
25	Sales Tax Relief Credit (provide Form 538-S)	25	80	00
26	Natural Disaster Tax Credit (provide Form 576)	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions)	28	174	00
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29		00



Name(s) shown
on Form 511: **DEPXLS A**

Your Social
Security Number: **490549197**

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21-29 from page 2)	30	254	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	31		00
32	Total payments and credits (line 30 minus 31)	32	254	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment	33	230	00
34	Amount of line 33 to be applied to 2024 estimated tax (original return only) (For further information regarding estimated tax, see pg. 5 of the 511 Packet.)	34		00

Schedule 511-H 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-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H

35	Donations from your refund (total from Schedule 511-H)	35		00
36	Total deductions from refund (add lines 34 and 35)	36		00
37	Amount to be refunded to you (line 33 minus line 36)	37	230	00

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. See the 511 Packet for direct deposit, debit card and paper check information. Due to electronic banking rules, the 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:

- ☐ Debit Card
- ☐ Paper Check

Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No

Direct Deposit my refund in my:

<input type="checkbox"/> Checking Account	Routing Number:	
<input type="checkbox"/> Savings Account	Account Number:	

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due	38		00
39	Underpayment of estimated tax interest (annualized installment method) (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)	39		00
40	For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month \$ _____	40		00
41	Total tax, penalty and interest (add lines 38-40)	41		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 (optional)		Daytime Phone (optional)		Paid Preparer's PTIN	

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO 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.

01/15/2025 02:38:39 PM

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**

