			Barcode Placeholde
OKLAH	OMA NONRESIDENT/	2014	
PART-Y	EAR INCOME TAX RETURN		
four Social Se	curity Number Place an 'X' in this box AMENDED If this taxpayer RETURN!		
	is deceased -		
Spouse's Soci (joint return only)	Place an 'X' in this box amended 511NR.		
	if this taxpayer is deceased ► See Schedule 511NR-G. ►		
ш	st name, middle initial and last name		
TYPE Ress	t return, spouse's first name, middle initial and last name		
	address (number and street, including apartment number, rural route or PO Box)		
		Not Required to File	
A City, Sta	ate and ZIP	Place an 'X' in this box if you do not have an Oklahoma filing requirement and are filing for refund of State withholding.	
		(see instructions)	·
1	Single	* NOTE: If claiming Special Exemption, see instructions on page 8 of 511NR	Packet.
2	Married filing joint return (even if only one had income)	REGULAR * SPECIAL BLIND	
STATUS 3 • If s	Married filing separate	Yourself + + + E Add THE To	BOXES.
· If s	pouse is also filing, list Name: me and SSN in the boxes: SSN:		X BELOW.
nal SNIII 4	Head of household with qualifying person	- SPOUSE + +	TAL
5	Qualifying widow(er) with dependent child		
• Ple	ease list the year spouse died in box at right:	NUMBER OF DEPENDENT CHILDREN	
		NUMBER OF OTHER DEPENDENTS	ENTER "O"
≻ II IN	Ionresident(s) State of Residence:		
2 9		FOR YOUR EXEMP	
	Part-Year Resident(s) From to		PTION.
STATUS STATUS			
STATUS STATUS	Part-Year Resident(s) From to Resident/Part-Year Resident/Nonresident		PTION.
KESIDENG STATUS E H	Part-Year Resident(s) From to Resident/Part-Year Resident/Nonresident State of Residence: Yourself Spouse	AGE 65 OR OVER? (Please see instructions)	PTION.
	Part-Year Resident(s) From to Resident/Part-Year Resident/Nonresident State of Residence: Yourself Spouse	AGE 65 OR OVER? (Please see instructions) Yourself S Please Round to Nearest Whole Dollar FOR NONRESIDENTS AND PART-YEAR RESIDENTS" to a	PTION. Spouse arrive at
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		Barcode
		Placeholder
2014 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2		
Name(s) shown		
on Form 511NR:	/ Number:	
20 Oklahoma Income Tax. (from page 1, line 19)	20	
 Oklahoma Income Tax. (from page 1, line 19)		00
		00
 Form 511CR - Other Credits Form - List 511CR line number claimed here: Line 20 minus lines 21 and 22		00
24 Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma		
If you certify that no use tax is due, place an 'X' here:	24	00
25 Balance (add lines 23 and 24)	25	00
26 Oklahoma withholding (enclose W-2s, 1099s or withholding statement) 26	00	
27 2014 Oklahoma estimated tax payments		
If you are a qualified farmer, place an 'X' here:	00	
28 2014 payment with extension	00	
29 Oklahoma earned income credit (Sch. 511NR-E, line 4)	00	
30 Credits from Forma) 577b) 578 30	00	
31 Amount paid with original return plus additional paid after it was filed		
(amended return only)	00	
32 Payments and credits (add lines 26-31)	32	00
33 Overpayment, if any, as shown on original return and/or prior amended return(s) or as		
previously adjusted by Oklahoma (amended return only)		00
34 Total payments and credits (line 32 minus line 33)		00
³⁵ If line 34 is more than line 25, subtract line 25 from line 34. This is your overpayment	35	00
36 Amount of line 35 to be applied to 2015 estimated tax	00	
(original return only) (see page 4 of 511NR Packet for further information)36 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.		_
more than one organization, put a "99" in the box. Enclose Schedule 511NR-F.		
more than one organization, put a "99" in the box. Enclose Schedule 511NR-F. 37 Donations from your refund (Sch. 511NR-F, line 12)	00	00
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lame(s)	Enclose this page with your re shown 511NR:				Social rity Nun	nber:	
SCH	IEDULE 511NR-1	Income Allocat Part-Year Resid					ind
	1-19: In the Federal column nounts to report in the Okla	, enter the amounts from yo homa column.	our Federal t		e th	e instructior	
1 V	/ages, salaries, tips, etc						
	axable interest income			00			00
	ividend income			00			00
	axable refunds (state income ta			00			00
	limony received			00			00
	usiness income or (loss) (Fede			00			00
	apital gains or losses (Federal			00			00
	ther gains or losses (Federal F			00			00
9 Tá	axable IRA distribution			00			00
10 Ta	axable pensions and annuities			00	10		00
11 R	ental real estate, royalties, par	tnerships, etc		00	11		00
12 F	arm income or (loss)			00	12		00
13 U	nemployment compensation			00	13		00
	axable Social Security benefits	(also enter on line 2 of Sch. 511NR-B)		00	14		00
15 O	other income (identify:			00	15		00
16 A	dd lines 1 through 15			00			00
	otal Federal adjustments to inc						
	(identify:			00	17		00
18 O	Klahoma source income (line Enter here and on page 1, line				18		00
19 F	ederal adjusted gross incom Enter here and on page 1, line	e (line 16 minus line 17)		00	19		
Scu		Oklahoma Add	litiona	See instruc	tions	for details on	
			FEDERAL		ns and	d required en OKLAHOMA	
1 S	tate and municipal bond interes	st		00	1		00
	ump sum distributions (not inclu			00			00
3 F	ederal net operating loss						
4 R	ecapture depletion claimed on	a lease bonus or		00	з 		00
	dd back of excess Federal dep lecapture of contributions to Ok			00	4		00
S	avings Plan and OklahomaDre	am 529 Account(s)		00	5		00
6 M	liscellaneous: Other additions . (enter number in box for the t	vpe of addition		00	6		00
7 T	otal additions				F		
(a	add lines 1-6, enter total here an	d on line 3 of Form 511NR)		00	7		00

1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40 1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 5

2 0

3 0

5 0

6 0

4 0

	4 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4 FE: Enclose this page <u>ONLY</u> if you have an amount shown on a schedule.					arcode ceholder
Nam	ne(s) shown form 511NR:		Your Soc Security	sial Number:		
		See i	nstru	ctions for det	ails on	
5	CHEDULE 511NR-B Oklahoma Subtracti	ONS qualif	ficatio		ired enclosu	
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 TAXPAYER NUMBER SPOUSE NUMBER Claim Number:			-		
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						
5	Oklahoma net operating loss (Loss Year[s]		900			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)		00 14			00
15	Total subtractions (add lines 1-14, enter total here and on line 5 of Form 511NR)		00 15	;		00
S	CHEDULE 511NR-C Oklahoma Adjustme	ents See in qualit	nstruc ficatio	ctions for det	ails on ired enclosi	ıres.
1	Military pay exclusion - Active Duty, Reserve and National Guard (not retire	ement)	1			00
2	Qualifying disability deduction (residents and part-year residents only)	••••••	2			00
3	Qualified adoption expense					00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 5					00
5	Deductions for providing foster care					00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction	on)	6			00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 5	11NR)	7			00

			Barcode
20	14	Form 511NR - Nonresident/Part-Year Income Tax Return - Page 5	Placeholder
		E: Enclose this page <u>ONLY</u> if you have an amount shown on a schedule.	
Na	ame	i(s) shown rm 511NR:	Your Social
on	1 -0		Security Number:
	~		
	50	CHEDULE 511NR-D Child Care/Child Tax (and required enclosures.
lf y	you	r Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a ci	redit for child care expenses or the child tax
		t on your Federal return, then as a resident, part-year resident or nonresident military	, you are allowed a credit against your Okla-
ho	oma	a 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 in the tax is the tax of the tax is the tax i	artad on your Eadoral ratium
		or	
		5% of the child tax credit allowed by the IRS Code.	
		This includes both the nonrefundable child tax credit and the refundable addition	onal child tax credit.
		credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Fe	
	-	sted Gross Income is greater than \$100,000, no credit is allowed. Enclose a copy of ral child care credit schedule.	our Federal return and, if applicable, the
re	-ue		
1		Enter your Federal child care credit1	00
	4		00
2	2	Multiply line 1 by 20%2	00
3	3	Enter your Federal child tax credit	
		(total of child tax credit & additional child tax credit)	00
4	1	Multiply line 3 by 5%4	00
5		Enter the larger of line 2 or line 4	
6	5	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 51	INR
		Enter the percentage from the above calculation here (do not enter more than 100%)6
			%
7	7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit.	
		Enter total here and on line 16 of Form 511NR	
	S	CHEDULE 511NR-E Earned Income Cred	See instructions for details on qualifications and required enclosures.
		lents and part-year residents are allowed a credit equal to 5% of the Earned Income	
		predit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Enclose	
		Nonresidents do not qualify.	
- r-	-		
1	[Federal earned income credit	
2	,	Multiply line 1 by 5%	2
	-		00
3	3	Divide the amount on line 6 of Form 511NR by the amount on line 2 of Form 51	1NR
	\parallel	Enter the percentage from the above calculation here (do not enter more than 100%	.)
	╡		
4	1	Oklahoma earned income credit	
		(multiply line 2 by line 3, enter total here and on line 29 of Form 511NR)	00

2014	Form 511NR - Nonresident/Part-Year	Income Tax F	Return - I	Page 6			Placeholder
ΝΟΤ	E: Enclose this page <u>ONLY</u> if you have	e an amount	shown o	n a schedu	le.		
	e(s) shown orm 511NR:					Your Social Security Number:	
S	CHEDULE 511NR-F	Dona	tions	s from	n Refui	nd (Original retu	ırn only)
Thie	schedule allows you to make a dona	tion from vo		to a varia	ty of Oklabo	ma organizations	Information regard
	each program, its mission, how funds						
	bages 24 and 25 of the 511NR Packet						
	e organizations, Schedule 511NR-F I						
-	are not receiving a refund and wish to			ern Red Ce	dar Revolvi	ng Fund or the Pub	lic School Class-
roon	n Support Fund, please see line 41 o	r 42 of Form	511NR.				
	ce an 'X' in the box associated with th					-	
	anization. Then carry that figure over i						
	NR, please list the line number of the			n you dona	ited. If you c	lonate to more than	one organization,
piea	ise write a "99" in the box at line 37 o		n.				
1	Support of Programs for Volunteers	to Act					
	as Court Appointed Special Advoca	ites					
	for Abused or Neglected Children		\$2	\$5	\$	1	00
2	Support of the Oklahoma National (\$2	\$5	\$	2	00
3	Support of Programs for Regional F	-oou Banks	\$2	\$5	\$	3	00
4	Support Oklahoma Honor Flights		\$2	\$5	\$	4	00
5	Eastern Red Cedar Revolving Fund		\$2	\$5	\$	5	00
6	Support of Domestic Violence and	Sexual					
	Assault Services		\$2	\$5	\$	6	00
7	Support of Volunteer Fire Departme Oklahoma Lupus Revolving Fund		\$2 \$2	\$5 \$5	\$	7	00
8 9	Oklahoma Sports Eye Safety Progr		\$2	\$5	\$	9	00
10	Historic Greenwood District Music Fes		\$2	\$5	\$. 10	00
11	Public School Classroom Support F	-und	\$2	\$5	\$. 11	00
12	Total donations (add lines 1-11, ente	er total here a	and on lir	ne 37 of For	rm 511NR		00
S	CHEDULE 511NR-G	Δmen	ded	Retu	rn Info	rmation	
5		AIIICI	lucu	Tictu		ination	
Did y	you file an amended Federal return?	Yes		No			
lf Ye	s, enclose a copy of the IRS Form 1	040X or 104	5 AND a	copy of th	e "Statemer	nt of Adjustment" IF	3S check or deposit
	IRS documents submitted after filing						
Evol	ain the changes to income, deductio	no and/or or	adita ba	low Entor	the line refe		
	prting a change and give the reason.						mich you are
			+++++				
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