

Oklahoma Supplemental Schedule for Form 514, Part 5

FORM **514-SUP** 2024

FOR INFORMATIONAL PURPOSES ONLY - MUST BE FILED ELECTRONICALLY

Name of Partnership	FEIN	Page	of

		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		

Nonresident Partner (If the electing PTE box is checked on Form 514 page 1, leave line 14 blank)

14	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
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