

### OKLAHOMA TAX COMMISSION

| Form Number:_ |  |
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| Form Title:   |  |

### **Revision History**

| DATE | Description |
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Barcode Placeholder Form 513NR - page 2 OKLAHOMA NONRESIDENT FIDUCIARY RETURN OF INCOME Federal Employer Identification Number: Column B **Oklahoma Amount** Oklahoma percentage (enter percentage from line 19)......27 28 Multiply line 26 by line 27 (this is your Oklahoma state income tax) If an ESBT or Charitable Trust, see the instructions and place an 'X' in this box ... 00 29 Credits: Enter number in box for type of credit. Provide Form 511CR. (See instructions) 2 0 00 Oklahoma Withholding (provide Form 1099, 500-B or other withholding statement) .....33 00 34 Refundable Credits from Form ......a) 577.......b) 578........34 00 35 Amount paid with original return and amount paid after it was filed (amended return only)......35 00 00 38 If line 37 is larger than line 30, enter amount overpaid 00 00 39 Amount of line 38 to be credited to 2017 estimated tax (original return only) ... 39 00 Is this refund going to or through an account that is located outside of the United States? Want a Faster Refund? No Deposit my refund in my: checking account savings account Elect to have your refund directly deposited into your checking or savings account. **Routing Number:** For Direct Deposit information, see Account Number: page 16 of the 513NR Packet. 00 For delinquent payment, add penalty of 5%.....\$ interest at 1.25% per month ......\$ 00 5 0 If you have asked for an extension from the IRS, place an 'X' here and provide a copy with this return Make check payable to the If the Tax Commission may discuss this return with your tax preparer, place an 'X' here Oklahoma Tax Commission Under penalties of perjury, I declare I have examined this return, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge. Signature of Fiduciary Signature of Preparer Printed Name of Fiduciary Printed Name of Preparer Title of Fiduciary Remit to Oklahoma Tax Commission, PO Box 26800, Oklahoma City, Oklahoma 73126-0800 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

# Form 513NR - page 3 Oklahoma Schedule K-1

## PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

2016

| For calendar year 2016 or fiscal year beginning, 2016            |  |   | Amended K-1   |          |  |  |  |
|--|--|---|---|----------|--|--|--|
| and ending,,   |  |   | Nonresident   |          |  |  |  |
| Name of estate or trust  |  |   |   |          |  |  |  |
|  |  |   |   |          |  |  |  |
| Ber  | neficiary's FEIN/SSN   | Estate's or trust's Federal Employer Id | state's or trust's Federal Employer Identification Number |          |  |  |  |
|  |  |   |   |          |  |  |  |
| Beneficiary's name, address and ZIP Fiduciary's name, address    |  | Fiduciary's name, address and ZIP       |   |          |  |  |  |
|  |  |   |   |          |  |  |  |
|  |  |   |   |          |  |  |  |
|  |  |   |   |          |  |  |  |
|  |  |   |   |          |  |  |  |
| Income   |  |   | FEDERAL   | OKLAHOMA |  |  |  |
| 1  | Interest   | <u> </u>                                |   |          |  |  |  |
| -  | 2 Dividends  |   |   |          |  |  |  |
| 3 Short-term capital gain (or loss)                              |  |   |   |          |  |  |  |
| Long-term capital gain (or loss)                                 |  |   |   |          |  |  |  |
| 5 Other taxable income:  |  |   |   |          |  |  |  |
| a. Annuities, royalties and other nonbusiness income5a           |  |   |   |          |  |  |  |
| 6  | b. Trade or business, rental real estate and other business income |   |   |          |  |  |  |
| 7 U.S. interest  |  |   |   |          |  |  |  |
| <b>Deductions</b>  |  |   |   |          |  |  |  |
| 8  | a. Depreciation, depletion, amortization attributable to li        | ine 5a 8a 🗀                             |   | ı        |  |  |  |
| b. Depreciation, depletion, amortization attributable to line 5b |  |   |   |          |  |  |  |
| 9 Expenses allocable to Federally-exempt income                  |  | <b>_</b>                                |   |          |  |  |  |
| 10 Expenses allocable to Oklahoma-exempt income                  |  |   |   |          |  |  |  |
| 11   | 7  |   |   |          |  |  |  |
|  | a. Excess deductions on termination                                |   |   |          |  |  |  |
|  | b. Net operating loss carryover                                    | 11b                                     |   |          |  |  |  |
| 12   | ] Withholding  | 12                                      |   | 1        |  |  |  |
| 13   |  |   |   |          |  |  |  |
|  | a  | 13a                                     |   |          |  |  |  |
|  | b  |   |   |          |  |  |  |
|  | C  |   |   |          |  |  |  |
|  | d  | 13d                                     |   |          |  |  |  |
|  | e  | 13e                                     |   |          |  |  |  |
|  | f  |   |   |          |  |  |  |
| 1  | l a.   | 13g                                     |   |          |  |  |  |

2016 Form 513NR - Page 4 OKLAHOMA NONRESIDENT FIDUCIARY RETURN OF INCOME

Barcode Placeholder

| SCHEDULE 513NR-X: AMENDED RETURN SCHEDULE   |  |  |  |  |  |
|---|--|--|--|--|--|
| A Did you file an amended Federal income tax return? Yes No Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip. |  |  |  |  |  |
| If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.   |  |  |  |  |  |
| Explanation or Reason for Amended Return (Provide all necessary schedules):   |  |  |  |  |  |
| <u> </u>  |  |  |  |  |  |
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#### INSTRUCTIONS FOR FILING AN AMENDED RETURN

When filing an amended return, place an "X" in the Amended Return check-box at the top of page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 35. Enter any refund previously received or overpayment applied on line 36. Complete the Amended Return Schedule, Schedule 513NR-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.