



# OKLAHOMA PARTNERSHIP INCOME TAX RETURN

**Form 514  
2016**

Barcode  
Placeholder

This form is due 30 days after the due date of the Federal return.

**AMENDED RETURN!**  
If this is an Amended Return place an 'X' here   
See Schedule 514-X on page 5.

For the year January 1 - December 31, 2016, or other taxable year beginning:  , 2016 ending:  ,

Partnership Name:   
Street Address:   
City, State or Province, Country and ZIP or Foreign Postal Code:

Federal Employer Identification Number:  Business Code Number:  County in which located:  Was a 2015 Partnership Income Tax return filed? Yes  No  If this is a final return, place an 'X' here:

Enter number of partners: \_\_\_\_\_ Note: An Oklahoma return must be filed by all partnerships having Oklahoma source income.  
Enter total amount of Oklahoma Net Distributable Income (Part 3, Column B, line 15): \_\_\_\_\_

**PART 1: TAX COMPUTATION FOR NONRESIDENT COMPOSITE FILERS OR FOR A PARTNERSHIP CLAIMING THE REFUNDABLE CREDIT FROM FORM 577 OR 578** - Complete Part 1 if filing a composite return for your nonresident partners. Any nonresident partner may be included in the composite return. Provide Form 514-PT: Oklahoma Partnership Composite Income Tax Supplement. **If there is no composite return being filed, only complete Part 1 if claiming the refundable credits on line 8.**

1	Nonresident share of income (514-PT, Column F, line J) .....	1		00
2	Nonresident Oklahoma tax (514-PT, Column H, line K).....	2		00
3	<b>Less:</b> Other Credits form (see instructions) (provide Form 511CR) .....	3	<input type="checkbox"/>	00
4	Balance of tax due (line 2 minus line 3, but not less than zero) .....	4		00
5	2016 Oklahoma estimated tax payments (i.e Form(s) OW-8-ESC) .....	5		00
6	Amount paid with extension request.....	6		00
7	Oklahoma withholding (provide Forms 1099, 500A, 500B, etc.).....	7		00
8	Refundable Credits from Form ..... a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578 .....	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only) .....	9		00
10	Any refunds or overpayment applied (amended return only) .....	10	(	) 00
11	Total of lines 5 through 10.....	11		00
12	Overpayment (line 11 minus line 4) .....	12		00
13	Amount of line 12 to be credited to 2017 estimated tax (original return only) .	13		00
14	Amount of line 12 to be refunded to you (line 12 minus line 13) .....	14	Refund →	00

**Direct Deposit Note:**  
All refunds must be by direct deposit. See Direct Deposit Information on page 11 of the 514 Packet for details.

Is this refund going to or through an account that is located outside of the United States?  Yes  No  
Deposit my refund in my:  checking account  savings account  
Routing Number:  Account Number:

15	Tax Due (line 4 minus line 11).....	Tax Due →	15		00
16	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/>	16		00
17	<b>For delinquent payment</b> add penalty of 5% ..... \$ ..... plus interest of 1.25% per month..... \$ .....		17		00
18	Total tax, penalty and interest (add lines 15, 16 and 17) .....	Balance Due →	18		00

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here .....

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and 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.

**Make check payable to the Oklahoma Tax Commission**

Signature of Partner or Member  Date   
Printed Name of Partner or Member   
Title  Phone Number

Signature of Preparer  Date   
Printed Name of Preparer   
Phone Number  Preparer's PTIN



**PART 4: COMPUTATION OF OKLAHOMA TAXABLE INCOME OF A UNITARY ENTERPRISE WHOSE INCOME IS PARTLY WITHIN AND PARTLY WITHOUT OKLAHOMA**

1	Net distributable income from Page 2, Part 3, Column A, line 15 .....		1
2	Add: (a) .....	2a	
	(b) Unallowable deduction (provide schedule).....	2b	
	(c) Other income (provide schedule).....	2c	
	(d) Total of lines 2a through 2c.....		2d
3	Deduct all items separately allocated:		
	(a) Interest on obligations of the United States.....	3a	
	(b) .....	3b	
	(c) .....	3c	
	(d) Total of lines 3a through 3c .....		3d
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)		
4	Net apportionable income (line 1 plus line 2d, minus line 3d) .....		4
5	Oklahoma's portion thereof _____%, from schedule below .....		5
6	Add items separately allocated to Oklahoma:		
	(a) .....	6a	
	(b) .....	6b	
	(c) .....	6c	
	(d) .....	6d	
	(e) Total of lines 6a through 6d .....		6e
7	Oklahoma distributable net income (add lines 5 and 6e; enter here and on Page 2, Part 3, Column B, line 15) .....		7

**APPORTIONMENT FORMULA**

Note: Provide a complete copy of your Federal return.

	Column A	Column B	Column C (A divided by B) Percent Within Oklahoma
	Total Within Oklahoma	Total Within and Without Oklahoma	
1	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).		
(a)	Owned property (at original cost):		
(i)	Inventories ..... 1ai		
(ii)	Depreciable property ..... 1aii		
(iii)	Land..... 1aiii		
(iv)	Total of section "a" ..... 1aiv		
(b)	Rented property (capitalize at 8 times net rental paid) . 1b		
(c)	Total of sections "a" and "b" above..... \$	\$	1c %
2	(a) Payroll..... 2a		
(b)	Less: Officer salaries..... 2b		
(c)	Total (subtract officer salaries from payroll) ..... \$	\$	2c %
3	Sales:		
(a)	Sales delivered or shipped to Oklahoma purchasers:		
(i)	Shipped from outside Oklahoma..... 3ai		
(ii)	Shipped from within Oklahoma ..... 3aii		
(b)	Sales shipped from Oklahoma to:		
(i)	The United States government ..... 3bi		
(ii)	Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272) .. 3bii		
(c)	Total all of sections "a" and "b"..... \$	\$	3c %
4	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here:		
5	Total percent (sum of items 1, 2 and 3) .....		5 %
6	Average percent (1/3 of total percent) (Carry to Part 4, line 5 above).....		6 %

# PART 5: ALL PARTNERSHIPS MUST COMPLETE PART 5 OR MAY PROVIDE THE FEDERAL K-1s IF OKLAHOMA INFORMATION IS STATED SEPARATELY ON THE FEDERAL K-1.

If completing Part 5, use Form 514-SUP when there are more than 3 partners. Use as many Forms 514-SUP as needed.

		PARTNER 1	PARTNER 2	PARTNER 3
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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Notice:** Forms required to compute withholding and credits must be provided with partnership return. Examples of these include: Form 1099 MISC, Form 500A: Nonresident Royalty Withholding, Form 511CR: Other Credits, Form 506: Investment/New Jobs Credit, and Form 529: Small Business Guaranty Fee Credit. Schedules or authorization must be furnished.

**NOTE: PROVIDE A COMPLETE COPY OF YOUR FEDERAL FORM 1065 OR 1065-B.**

## PART 6: ADDITIONAL INFORMATION

### Location of Principal Accounting Records

Address _____	City _____	State _____	Zip _____
Has the Internal Revenue Service redetermined your tax liability for prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No What years? _____			
Did you file amended returns for the years stated above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the statute of limitations been extended by consent for any prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No What years? _____			
Business name _____		Date business began in Oklahoma _____	
Principal location(s) in Oklahoma _____			

**Mail to: Oklahoma Tax Commission, PO Box 26800, Oklahoma City, Oklahoma 73126-0800**



**SCHEDULE 514-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.

**B** If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

**C** Explanation or Reason for Amended Return (Provide all necessary schedules):

Multiple horizontal lines for providing an explanation or reason for the amended return.

**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 9. Enter any refund previously received or overpayment applied on line 10. Complete the Amended Return Schedule, Schedule 514-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.