

# OKLAHOMA PARTNERSHIP INCOME TAX RETURN

**Form 514  
2018**

Barcode  
Placeholder

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

For the year January 1 - December 31, 2018, or other taxable year beginning:  , 2018 ending:  ,

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

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:	If this is a final return, place an 'X' here: <input type="checkbox"/>

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.

1	Nonresident share of income (514-PT, Column F, line J) If the Oklahoma Capital Gain Deduction (Form 561P) is included in Column C or F of Form 514-PT, place an "X" in the box. <input type="checkbox"/> .. 1		00
2	Nonresident Oklahoma tax (514-PT, Column H, line K). If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box. If making an Oklahoma installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box. <input type="text"/> ... 2		00
3	<b>Less:</b> Other Credits form (see instructions) (provide Form 511CR) ..... <input type="text"/> ... 3		00
4	Balance of tax due (line 2 minus line 3, but not less than zero) ..... 4		00
5	2018 Oklahoma estimated tax payments (i.e Form(s) OW-8-ESC) ..... 5	<input type="text"/>	00
6	Amount paid with extension request ..... 6	<input type="text"/>	00
7	Oklahoma withholding (provide Forms 1099, 500A, 500B, etc.) ..... 7	<input type="text"/>	00
8	Refundable Credits from Form ..... a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578 ..... 8	<input type="text"/>	00
9	Amount paid with original return and amount paid after it was filed (amended return only) ..... 9	<input type="text"/>	00
10	Any refunds or overpayment applied (amended return only) ..... 10 ( <input type="text"/> ) 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 2019 estimated tax (original return only) ... 13 <input type="text"/>		00
14	Amount of line 12 to be refunded to you (line 12 minus line 13) ..... Refund <input type="checkbox"/> 14		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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	Signature of Preparer	Date
Printed Name of Partner or Member		Printed Name of Preparer	
Title	Phone Number	Phone Number	Preparer's PTIN

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law. Note: Provide a complete copy of your Federal Form 1065 or 1065-B. Remit to: Oklahoma Tax Commission, PO Box 26800, Oklahoma City, OK 73126-0800

Barcode  
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Partnership Name:

Federal Employer Identification Number:

## PART 2: ORDINARY INCOME FROM TRADE OR BUSINESS

CAUTION: Include only trade or business income and expenses on lines 1a through 22 below.

1	a. Gross receipts or sales..... \$	
2	b. <b>Minus</b> returns and allowances \$	
3	2 Cost of goods sold and/or operations.....	
4	3 Gross profit (subtract line 2 from line 1) .....	
5	4 Ordinary income (loss) from other partnerships and fiduciaries (provide schedule).....	00
6	5 Net farm profit (loss) (provide Sch. F, Form 1040) .....	00
7	6 Net gain (loss) (Form 4797, line 18).....	00
8	7 Other income (loss) (provide schedule) .....	00
9	8 <b>Total income</b> (loss) (add lines 3 through 7).....	00
10	9 Salaries and wages (other than to partners) .....	00
11	10 Guaranteed payments to partners.....	00
12	11 Repairs and maintenance .....	00
13	12 Bad debts .....	00
14	13 Rent.....	00
15	14 Taxes and licenses .....	00
16	15 Interest .....	00
17	16 Depreciation .....	00
18	17 Depletion (do not deduct oil and gas depletion) .....	00
19	18 Retirement plans, etc .....	00
20	19 Employee benefit program .....	00
21	20 Other deductions (provide schedule) .....	00
22	21 <b>Total deductions</b> (add lines 9 through 20).....	00
	22 <b>Ordinary Income (Loss) from trade or business:</b> Subtract line 21 from line 8.....	00

Column A	
As reported on Federal Return	
00	1
00	2
00	3
00	4
00	5
00	6
00	7
00	8
00	9
00	10
00	11
00	12
00	13
00	14
00	15
00	16
00	17
00	18
00	19
00	20
00	21
00	22

Column B	
Total applicable to Oklahoma	
00	1
00	2
00	3
00	4
00	5
00	6
00	7
00	8
00	9
00	10
00	11
00	12
00	13
00	14
00	15
00	16
00	17
00	18
00	19
00	20
00	21
00	22

## PART 3: DISTRIBUTIVE SHARE ITEMS

1	Ordinary income (loss) from trade or business activity(ies) (Part 2, line 22).	
2	2 Net income (loss) from rental real estate activity(ies) (provide schedule) ..	
3	3 Net income (loss) from other rental activity(ies) (provide schedule) .....	
4	<b>Portfolio Income (loss)</b>	a. Interest on loans, notes, mortgages, bonds, etc.....
		b. Interest on obligations of a State or political subdivision .....
		c. Interest on obligations of the United States .....
		d. Other interest income .....
		e. Dividend income .....
		f. Royalty income (patent or copyright).....
		g. Net short-term capital gain (loss).....
		h. Net long-term capital gain (loss).....
		i. Other portfolio income (loss) (provide schedule).....
5	5 Net gain (loss) under section 1231 (Other than due to casualty or theft) ....	
6	6 Other (provide schedule) .....	
7	7 <b>Total income</b> (Add lines 1 through 6) .....	
8	<b>Deductions</b>	8 Contributions .....
9		9 Expense deductions for recovery property (Section 179) (provide sch.)
10		10 Deductions related to portfolio income .....
11		11 Depletion (Other than oil and gas).....
12		12 Intangible drilling costs .....
13		13 Other deductions authorized by law (provide schedule) .....
14	14 <b>Total deductions</b> (Add lines 8 through 13).....	
15	15 <b>Net distributive income</b> (line 7 minus line 14).....	

Column A	
As reported on Federal Return	
00	1
00	2
00	3
00	4a
	4b
00	4c
00	4d
00	4e
00	4f
00	4g
00	4h
00	4i
00	5
00	6
00	7
00	8
00	9
00	10
00	11
00	12
00	13
00	14
00	15

Column B	
Total applicable to Oklahoma	
00	1
00	2
00	3
00	4a
00	4b
00	4c
00	4d
00	4e
00	4f
00	4g
00	4h
00	4i
00	5
00	6
00	7
00	8
00	9
00	10
00	11
00	12
00	13
00	14
00	15

If Federal and Oklahoma distributive net income is the same, you may complete Part 3, line 15, then complete Part 5. Provide a copy of your Federal Form 1065 and K-1s.

Partnership Name:

Federal Employer Identification Number:

# 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
	Total Within Oklahoma	Total Within and Without Oklahoma	(A divided by B) Percent Within 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 %

Barcode Placeholder

Partnership Name:	Federal Employer Identification Number:
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**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.**

<b>PART 6: ADDITIONAL INFORMATION</b>	<b>Extension:</b> If you have applied for an extension from the IRS, place an 'X' here and provide a copy. → <input type="checkbox"/>	<b>Was a 2017 Partnership Income Tax return filed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**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**

