

# State of Oklahoma

## SUPPLEMENTAL SCHEDULE FOR

### FORM 514, PART 5

**FORM 514-SUP 2018**

NOTE: Place Form(s) 514-SUP immediately after Form 514, page 4. Make note of the number of Forms 514-SUP that are included in the partnership return (e.g. If there are five Forms 514-SUP, the second Form 514-SUP would have 2 of 5 shown in the Page section below.)

|                                  |                   |                               |
|----------------------------------|-------------------|-------------------------------|
| <b>Name of Partnership</b> _____ | <b>FEIN</b> _____ | <b>Page</b> _____<br>of _____ |
|----------------------------------|-------------------|-------------------------------|

|    |  | PARTNER _____ | PARTNER _____ | PARTNER _____ |
|----|--|---------------|---------------|---------------|
| 1  | Name and address of each partner<br>Name:<br>Address:<br>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 |
|----|---|--|--|--|