Form 513 2019

Barcode Placeholder

Oklahoma Resident Fiduciary Return of Income FORM 513 IS FOR RESIDENTS ONLY. NONRESIDENTS USE FORM 513NR.

	form must be filed on or before the 15th day	IMPOI	RTANT!				
For	the year January 1 - December 31, 2019, or other taxable year eginning:	Was a Fiducia Return fi		the			
	2019	Ye	· -	No			
Nan	e of estate or trust:		Federal	Employer Id	entification Number:	Date	e Entity Created:
Add	ress of fiduciary: (number and street)		Name a	nd title of fic	luciary:		
City	State or Province, Country and ZIP or Foreign Postal Code:						
J.,	one of the most of						
	Place an 'X' n all applicable poxes: Decedent's Estate Simple Trust ESBT Other (describe):	Grantor Type Complex True Charitable Tr	st	-	ooled Income Fund ankruptcy Estate		Number of Beneficiaries:
Pla	ce an 'X' if: (1) Initial return (2) Fin	al return (3))	Amende	ed return (See Sched	ule	513-X on page 4)
PA	RT 1 Important: Provide a copy of your Federal reschedule for Oklahoma amounts when differ						
IN	COME (PROVIDE NECESSARY SCHEDULE(S) FOR L		ai.		Column A		Column B
1	Interest income (except government obligations)			·	ported on Federal return	4	Total applicable to Oklahoma
					.00.	1	.00
2	Interest on obligations of the United States				.00	2	
3	State and municipal interest					3	.00
4	Dividends				.00	4	.00
5	Business income or (loss)				.00.	5	.00
6	Capital gain or (loss)					6	
7	, , ,				.00		.00
	Rents, royalties, partnerships, other estates and				.00	7	.00
8	Farm income or (loss)				.00	8	.00
9	Ordinary gain or (loss)				.00	9	.00
10	Other income (state nature of income)				.00	10	.00
11	Total income (add lines 1 through 10)				.00	11	.00
=	DUCTIONS						
12	Interest (provide schedule)				.00.	12	.00.
13 14	Taxes (provide schedule)				.00.	13 14	.00
15	Charitable deduction				.00	15	.00.
16	Attorney, accountant, and return preparer fees				.00	16	.00.
17	Oklahoma capital Gain deduction (provide Form						.00.
18	Other deductions (provide schedule)				.00	18	.00
19	Income distribution deduction (use Oklahoma Schedu	ıle K-1; see instru	uctions)		.00	19	.00
20	Federal estate tax deduction (provide schedule).				.00.	20	.00
21	Exemption				.00	21	.00
22	Total Deductions (add lines 12 through 21)				.00	22	.00
23	Taxable Income of Fiduciary (subtract line 22 fi	rom line 11)			.00	23	.00

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Name of estate or trust:				Federal Employer Identification				
						Column B Total applicable to Oklahoma		
24	Taxable income of fiduciary (An	nount shown on line 23, Colum	nn B)			.00		
25	Tax on amount on line 24 colun If an ESBT or Charitable Trust, Affordable Housing Tax Credit		Packet) " in the box. If nd enter a "2"	recapturing the in the box. If ma	Oklahoma			
		ent payment here and enter a "3"	. ,			.00		
26 27	Credits: Enter number in box for Balance of tax due (subtract lin							
28	2019 Oklahoma estimated tax	oayments (i.e. Form(s) OW-8-E	SC and					
00	prior year overpayment carryfo	-			.00.	-		
29	Amount paid with extension red	-			.00.	-		
30	Oklahoma withholding (provide Form 1099, 500-B or other withholding sta				.00.	_		
31	Refundable Credits from Form. Amount paid with original return				.00	_		
52	(amended return only)			.00				
33	Any refunds or overpayment ap	oplied (amended return only)	33	(00. (
34								
	35 If line 34 is larger than line							
	36 Amount of line 35 to be cr	redited to 2020 estimated tax						
	(original return only)				.00			
	37 Amount of line 35 to be refunded to you			Refu	Refunded -> 37			
M	/ant a Faster Refund?	Is this refund going to or through	an account tha	nt is located outsi	de of the Unit	ed States? Yes No		
Elect to have your refund directly deposited into your checking or			checking	account	savings	account		
	avings account.	Routing Number:						
For Direct Deposit information, see page 15 of the 513 Packet. Account Number:								
38	If line 27 is larger than line 34 e	nter tax due		Tax	Due 🔷	.00		
39	Underpayment of estimated tax interestAnnualized			.00				
40	For delinquent payment, add penalty of 5%							
4.4						.00		
Total tax, penalty and interest (add lines 38, 39 and 40)								
If you have asked for an extension from the IRS, place an 'X' here and provide a copy with this return								
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 Signature of Fiduciary Date Signature of Pre					as arry knowled	ge. Date		
Printed Name of Fiduciary			Printed Name of F	Preparer				
Title	of Fiduciary	Phone Number	Phone Number		1	Preparer's PTIN		

Form 513 - page 3 Oklahoma Schedule K-1

Part 2: Beneficiary's Share of Income and Deductions

2019

For calendar year 2019 or fiscal year beginning, 2019					ended K-1
an	d ending	Final K-1 Nonresident			
Na	ume of estate or trust				
Be	eneficiary's FEIN/SSN	Estate's or trust's Federal Employer	Ider	ntification N	lumber
Desperation of the second of t					
De	eneficiary's name, address and ZIP	Fiduciary's name, address and ZIP			
IN	ICOME		F	EDERAL	OKLAHOMA
1	Interest	<u> </u>			
2	Dividends	⊢			
3	Short-term capital gain (or loss)	-			
4	Long-term capital gain (or loss)	4			
5	Other taxable income:				
	a. Annuities, royalties and other nonbusiness income	5a			
	b. Trade or business, rental real estate and other business in				
6	State and municipal interest				
7	U.S. interest				
D	EDUCTIONS				
8	a. Depreciation, depletion, amortization attributable to line	5a 8a			
	b. Depreciation, depletion, amortization attributable to line 5b8b				
9	Expenses allocable to Federally-exempt income				
10	Expenses allocable to Oklahoma-exempt income				
11	Deductions in the final year of trust or decedent's estate:				
	a. Excess deductions on termination	11a			
	b. Net operating loss carryover	11b			
12	Withholding	12			
13	Other:				
	a	13a			
	b	13b			
	C	🗆			
	d	13d			
	e	13e			
	f	13 f			
	g	13g			

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Oklahoma Resident Fiduciary Return of Income

Name of estate or trust:	Federal Employer Identification Number:				
SCHEDULE 513-X: AMENDED RETURN SCHEDULE					
Did you file an amended Federal income tax return? 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):					

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 32. Enter any refund previously received or overpayment applied on line 33. Complete the Amended Return Schedule, Schedule 513-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.