	Oklahoma Resident	Income	Tax Return	202	0 Placel	
	Okidiioina Kesidein	meenic				
our	Social Security Number	Spouse's Social S (joint return only)	ecurity Number	AN	IENDED RETU	RN!
	Place an 'X' in this box if this taxpayer	(joint retain only)	Place an 'X' in th box if this taxpay		ce an 'X' in this bo s is an amended 5	
	is deceased —		is deceased —		nedule 511-l.	-
lam	ne and Address - Please Print or Type					
Your	first name Middle initial Last name	lf	a joint return, spouse's first name	Middle initial La	st name	
Mailir	ing address (number and street, including apartment number, rural rout	e or PO Box) C	ity	Sta	te ZIP	
			* Note: If claiming Special Exempti			511 Packet.
	1 Single		Regular *	Special Blin	d	
	2 Married filing joint return (even if only one	had income)	Yourself +		8	(a)
			CO Spouse			
s	3 Married filing separate		Spouse +	*		— (b)
Status	(If spouse is also filing, list name and SSN	in the boxes	R Number	of dependen	s E	(c)
5 S	Name SSN		× ·			
Filing			التلاقة الألفانية كالتانية كالأله والمراجع	xes (a), (b) and ( r the TOTAL her		
	4 Head of household with qualifying person			+ + + + + + +	┿╃╤┝┾┾┾	
			Note: If you may be claimed as a Total box for your regular exemp		mother return,	enter "O" in the
	5 Qualifying widow(er) with dependent child					
	Please list the year spouse died in box at right	nt:	Age 65 or Older? (Please see	instructions)	Yourself	Spouse
	RT ONE: TO ARRIVE AT OKLAHOMA A				Round to Neare	st Whole Dollar
1						00
2	Oklahoma Subtractions (provide Schedule 511-A) Line 1 minus line 2					00
4			· · · · · · · · · · · · · · · · · · ·	J		00
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see	instructions)		4b		00
5	Line 3 minus line 4b			5		00
6	Oklahoma Additions (provide Schedule 511-B)					00
- v		e 6) Eodoral ro	turn )	7		00
7	Oklahoma adjusted gross income (line 5 plus line					
7	(If line 7 is different than line 1, provide a copy		REDITS			
7 <b>PAI</b>	(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCO	IE, TAX AND C		8		00
7 <b>PAI</b>	Image: Contract of the second seco	IE, TAX AND C				00
7 <b>PAI</b> 8 9 <b>TOP</b>	Image: Second state of the second s	<b>NE, TAX AND C</b> ne 8) s more than zero, see S	Schedule 511-E and do not complete I			
7 <b>PAI</b> 8 9 <b>TOP</b>	Image: Straight of the straight	<b>IE, TAX AND C</b> ne 8) s more than zero, see S D, line 11) or Oklah	Schedule 511-E and do not complete I oma standard deduction			
7 <b>PAI</b> 8 9 <b>TOP</b>	<ul> <li>(If line 7 is different than line 1, provide a copy <b>RT TWO: OKLAHOMA TAXABLE INCOI</b></li> <li>Oklahoma Adjustments (provide Schedule 511-C).</li> <li>Oklahoma income after adjustments (line 7 minus li <b>PAND READ:</b> If line 4b is zero, complete lines 10-11. If line 4b Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> </ul>	ME, TAX AND C ne 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o	Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7	9 ines 10-11. 00 • 		00
7 <b>PAI</b> 8 9 <b>TOP</b> 10 11	Image: Construction of the second structure       Image: Constructure         Image: Constructure       Image: Constructure         Image: Constructure <t< td=""><td>ME, TAX AND C ne 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o</td><td>Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7 X \$1,000.</td><td>9 ines 10-11. 00 • </td><td></td><td>00 00 00</td></t<>	ME, TAX AND C ne 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o	Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7 X \$1,000.	9 ines 10-11. 00 • 		00 00 00
7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12	<ul> <li>(If line 7 is different than line 1, provide a copy <b>RT TWO: OKLAHOMA TAXABLE INCOI</b></li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li <b>AND READ</b>: If line 4b is zero, complete lines 10-11. If line 4b Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li></ul>	ME, TAX AND C ne 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above	Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7 	9 ines 10-11. 00 • 		00 00 00 00
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7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12	<ul> <li>(If line 7 is different than line 1, provide a copy <b>RT TWO: OKLAHOMA TAXABLE INCOI</b></li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li <b>AND READ</b>: If line 4b is zero, complete lines 10-11. If line 4b Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Taxable Income (line 9 minus line 12) (a) Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in the object of the second secon</li></ul>	ME, TAX AND C ne 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above	Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7 	9 nes 10-11. 00 • 		00 00 00 00
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7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12 13	<ul> <li>(If line 7 is different than line 1, provide a copy <b>RT TWO: OKLAHOMA TAXABLE INCOI</b></li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li <b>PAND READ:</b> If line 4b is zero, complete lines 10-11. If line 4b Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions Total deductions and exemptions (add lines 10 and Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in t (b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the</li> </ul>	<b>IE, TAX AND C</b> ne 8) s more than zero, see S D, line 11) or Oklah <b>rried Filing Joint o</b> claimed above	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 nes 10-11. 00 • 		00 00 00 00
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7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12 13 14 <b>TOP</b>	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li PAND READ: If line 4b is zero, complete lines 10-11. If line 4b</li> <li>Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Taxable Income (line 9 minus line 12)</li> <li>(a) Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in to (b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the C Tax Credit, add recaptured credit here and enter a an Oklahoma installment payment pursuant to IRC 2368(K), add the installment payment here and enter Oklahoma Income Tax (line 14a plus line 14b)</li> <li>AND READ: If line 7 is equal to or larger than line 1, complete lines 1</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above 11 or amount from S 7-38 of instructions) of ox on line 14 b tax, add additional t b klahoma Affordable 3" in box on line 14. I Section 965(h) and 62 rr a "4" in the box on 5 and 16. If line 7 is small	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 nes 10-11. 00 • 10 11 12 13 13 14 00 14b 14 and 511-G.		00 00 00 00
7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12 13 14 <b>TOP</b> 15	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li PAND READ: If line 4b is zero, complete lines 10-11. If line 4b</li> <li>Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in to (b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the Tax Credit, add recaptured credit here and enter a an Oklahoma Income Tax (line 14a plus line 14b)</li> <li>Oklahoma Income Tax (line 14a plus line 14b)</li> <li>Oklahoma Income Tax (line 14a plus line 14b)</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above 11 or amount from S 7-38 of instructions) of ox on line 14 b tax, add additional t bklahoma Affordable 3" in box on line 14. If Section 965(h) and 66 er a "4" in the box on 5 and 16. If line 7 is small s)	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 ines 10-11. 00 • 10 11 12 13 12 13 13 14 00 14b 14 and 511-G. 15		00 00 00 00 00 00 00
7 <b>PAI</b> 8 9 10 11 12 13 14 14 <b>FOP</b> 15 16	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li AND READ: If line 4b is zero, complete lines 10-11. If line 4b</li> <li>Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in t</li> <li>(b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the Tax Credit, add recaptured credit here and enter a an Oklahoma installment payment here and enter 2368(K), add the installment payment here and enter Oklahoma child care/child tax credit (see instructions).</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above 11 or amount from S 7-38 of instructions) of ox on line 14 b tax, add additional t Nahoma Affordable tax, add additional t Section 965(h) and 61 er a "4" in the box on 5 and 16. If line 7 is small s)	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 ines 10-11. 00 • 10 10 11 12 13 13 13 00 14a 00 14b 14 and 511-G. 15 		00 00 00 00 00 00 00 00 00
7 <b>PAI</b> 8 9 10 11 12 13 14 14 15 16 17	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li AND READ: If line 4b is zero, complete lines 10-11. If line 4b Oklahoma itemized deductions (from Schedule 511- (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Taxable Income (line 9 minus line 12)</li> <li>(a) Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in th</li> <li>(b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the Tax Credit, add recaptured credit here and enter a an Oklahoma Installment payment here and enter 2368(K), add the installment payment here and enter Oklahoma child care/child tax credit (see instruction Oklahoma child care/child tax credit (see instructions)</li> <li>Credit for taxes paid to another state (provide Form</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 nes 10-11. 00 10 10 11 11 12 13 13 00 14a 00 14b 14 and 511-G. 15 16 17		00 00 00 00 00 00 00 00 00 00
7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12 13 14 <b>TOP</b> 15 16 17 18	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li PAND READ: If line 4b is zero, complete lines 10-11. If line 4b</li> <li>Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Taxable Income (line 9 minus line 12)</li> <li>(a) Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in t</li> <li>(b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the Tax Credit, add recaptured credit here and enter a an Oklahoma installment payment pursuant to IRC 2368(K), add the installment payment here and enter Oklahoma child care/child tax credit (see instruction Oklahoma child care/child tax credit (see instructions)</li> <li>Credit for taxes paid to another state (provide Form Form 511CR - Other Credits Form. List 511CR line</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above 11 or amount from S 7-38 of instructions) of ox on line 14 b tax, add additional t bklahoma Affordable 3" in box on line 14. I Section 965(h) and 66 er a "4" in the box on 5 and 16. If line 7 is small s) 511TX)	Schedule 511-E and do not complete I oma standard deduction r Qualifying Widow(er): \$12,7 	9 nes 10-11. 00 • 10 11 11 12 13 13 00 14a 00 14b 14 14 and 511-G. 15 		00 00 00 00 00 00 00 00 00 00 00 00
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7 <b>PAI</b> 8 9 <b>TOP</b> 10 11 12 13 14 <b>TOP</b> 15 16 17 18	<ul> <li>(If line 7 is different than line 1, provide a copy RT TWO: OKLAHOMA TAXABLE INCOI</li> <li>Oklahoma Adjustments (provide Schedule 511-C)</li> <li>Oklahoma income after adjustments (line 7 minus li PAND READ: If line 4b is zero, complete lines 10-11. If line 4b</li> <li>Oklahoma itemized deductions (from Schedule 511 (Single or Married Filing Separate: \$6,350 • Ma Head of Household: \$9,350)</li> <li>Exemptions: Enter the total number of exemptions of Total deductions and exemptions (add lines 10 and Oklahoma Taxable Income (line 9 minus line 12)</li> <li>(a) Oklahoma Income Tax from Tax Table (see pages 2 enter tax from Form 573, line 22 and enter a "1" in t</li> <li>(b) If paying the Health Savings Account additional 109 and enter a "2" in box on line 14. If recapturing the Tax Credit, add recaptured credit here and enter a an Oklahoma installment payment pursuant to IRC 2368(K), add the installment payment here and enter Oklahoma child care/child tax credit (see instruction Oklahoma child care/child tax credit (see instructions)</li> <li>Credit for taxes paid to another state (provide Form Form 511CR - Other Credits Form. List 511CR line</li> </ul>	ME, TAX AND C he 8) s more than zero, see S D, line 11) or Oklah rried Filing Joint o claimed above 11 or amount from S 7-38 of instructions) of ox on line 14 b tax, add additional t b lahoma Affordable 3" in box on line 14. I Section 965(h) and 62 rr a "4" in the box on 5 and 16. If line 7 is small s) 511TX) number claimed her r less than zero	Schedule 511-E and do not complete l oma standard deduction r Qualifying Widow(er): \$12,7 X \$1,000 Sch. 511-E, line 5) or if using Farm Income Averaging ax here Housing f making 8 O.S. Sec. line 14 er than line 1, complete Schedules 511-F	9 nes 10-11. 00 • 10 11 11 12 13 13 00 14a 00 14b 14 14 and 511-G. 15 		00 00 00 00 00 00 00 00 00 00 00 00

2							2
3					Barcode Placeholder		3
4	2020 Form 511 - Resident Incon	ne Tax Return - Page 2			Flacenoluer		4
5	The Oklahoma Tax Commission is not required	o give actual notice to taxpayers of changes in any	y state tax law.				5
6	Name(s) shown			Social			6
7	on Form 511:		Secu	rity Number:			1
8	PART THREE: TAX, CREDITS AND F	PAYMENTS					8
9	20 Total from line 19					00	1 0
1	20 Total from line 19 21 Use tax due on Internet, mail order, or					00	1
2	(For use tax table, see page 14 of the			21		00	2
3	22         Balance (add lines 20 and 21)			22		00	- 3
4	23 Oklahoma withholding (provide all W-2s			00		00	4
5				00			5
6	24       2020 estimated tax payments         25       2020 payment with extension			00			6
7	25 2020 payment with extension 26 Low Income Property Tax Credit (provi			00			7
8	27 Sales Tax Relief Credit (provide Form			00			8
9				00			9
2 0	28 Natural Disaster Tax Credit (provide Fo 29 Credits from Form			00			2 0
1	30 Amount paid with original return plus a		29	00			1
2	(amended return only)		30	00			2
3	31 Payments and credits (add lines 23-3					00	3
4	32 Overpayment, if any, as shown on orig			51			4
5	as previously adjusted by Oklahoma (a					00	5
6	33 Total payments and credits (line 31					00	6
7						00	7
8	PART FOUR: REFUND						8
9	34 If line 33 is more than line 22, subtract	line 22 from line 33. This is your over	navment	34		00	9
3 0	35 Amount of line 34 to be applied to 2021						3 0
1	(For further information regarding estima		35	00			1
2	Schedule 511-H provides you with the opportu						2
3	organizations. Please place the line number or	f the organization from Schedule 511-H					3
4	more than one organization, put a "99" in the	box. Provide Schedule 511-H					4
5	36 Donations from your refund (total from	Schedule 511-H)	. 36	00			5
6	37 Total deductions from refund (add lines			37		00	6
7	38 Amount to be refunded to you (line 34					00	7
8							8
9		this refund going to or through an acco	ount that is located outside of the	United States?	Yes	No	9
4 0	Verify your account and routing numbers are correct. If your direct deposit fails	eposit my refund in my:					4 0
1	to process or you do not choose direct	checking account Routing Number					1
2	deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and	Account	t	_			2
3	debit card information.	savings account Number					3
4	PART FIVE: AMOUNT YOU OW	<u>+</u>					4
5							5
6	39 If line 22 is more than line 33, subtract	line 33 from line 22. This is your tax d	Jue	39		00	6
7	40 a) Donation: Support the Oklahoma G					00	7
8	b) Donation: Public School Classroom	Support Fund (original return only)		40b		00	8
9	41 Underpayment of estimated tax interes			) 41		00	9
50	(If you have an underpayment of estim	ated tax (line 41) & overpayment (line	e 34), see instructions.)				5 0
1	42 For delinquent payment add penalty of						1
2	plus interest of 1.25% per month	·····		42		00	2
3	43 Total tax, donation, penalty and interes	st (add lines 39-42)		43		00	3
4	Under penalty of perjury, I declare the information containe		this box if the Oklahoma Tax Commission is return with your tax preparer				4
5	attachments and schedules, is true and correct to the best					+	5
6	Taxpayer's signature Date	e Spouse's signature	Date Paid Preparer's	signature	Date	+++	6
7						+++++++++++++++++++++++++++++++++++++++	7
8	Taxpayer's occupation	Spouse's occupation	Paid Preparer's	address and phone n	umber	+++++++++++++++++++++++++++++++++++++++	8
9						+++++++++++++++++++++++++++++++++++++++	9
6 0	Daytime Phone (optional)	Daytime Phone (optional)				+++	60
1			Paid Preparer's				
2		<u>le</u> documentation to this form. To a					3
3	Mailing A	ddress for this form: P.O. Box 2680	00, Oklahoma City, OK 73126-0	800			4
4 5							4
	5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7	8 0 20 1 2 3 4 5 6 7 9 0 40 4 2 2 4 5 4	6 7 8 0 50 1 2 2 4 5 6 7 8 0 00 4	2 3 4 5 6 7 9 0	70 1 2 2 4 5 5 7 4	8 0 00 1	2 2 4 0
~ 2 3 4	,	0 0 0 1 2 0 4 0 0 / 0 9 40 1 2 3 4 5 6	010900123430109001	2 3 4 3 0 / 0 9	1012343018	7 1 AO G C	2 J 4 0

+++	) shown 1 511:	Your Soo Security	cial Number:	
Sc		ns for	details o	n qualifications
1 Ir	Iterest on U.S. government obligations			00
	ocial Security benefits taxed on your Federal Form 1040 or 1040-SR			
				00
3 F	ederal civil service retirement in lieu of social security	. 3		00
	Retirement Claim Number: Taxpayer Spouse			
4 N	lilitary Retirement (see instructions for limitation)	. 4		00
5 C	klahoma government or Federal civil service retirement (see instructions for limitation)	. 5		00
6 C	ther retirement income (see instructions for limitation)	. 6		00
7 U	.S. Railroad Retirement Board benefits	. 7		00
8 C	klahoma depletion	. 8		00
9 C	klahoma net operating loss (provide schedules)Loss Year(s)	9		0
	xempt tribal income (see instructions for qualifications)			00
	ains from the sale of exempt government obligations			00
	klahoma Capital Gain Deduction (provide Form 561) come Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)			00
	klahoma income distributed by an electing PTE			0
45 1		45		0
	liscellaneous: Other subtractions (enter number in box for type of deduction) otal subtractions (add lines 1-15, enter total here and on line 2 of Form 511)	15 . 16		00
Sc	hedule 511-B: Oklahoma Additions See instructions for required documents			
1 S	tate and municipal bond interest	• . 1		00
1 S 2 C	tate and municipal bond interest	• 1		00
1 S 2 C 3 L	tate and municipal bond interest	. 1 2 . 3		00
1 S 2 C 3 L 4 F	tate and municipal bond interest	• 1 2 . 3 . 4		00
1 S 2 C 3 L 4 F	tate and municipal bond interest	• 1 2 . 3 . 4		
1 S 2 C 3 L 4 F 5 R	tate and municipal bond interest	• 1 2 3 4 5		
1 S 2 C 3 L 4 F 5 R 6 R	tate and municipal bond interest	· 1 2 . 3 . 4 . 5 .) 6		
1 S 2 C 3 L 4 F 5 R 6 R 7 C	tate and municipal bond interest	· 1 2 . 3 . 4 . 5 .) 6		
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M	Inequired of the problem of the pro	· 1 2 3 4 5 .) 6 7 8		00
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T	Inequired of the problem of the pro	· 1 2 3 4 5 5 7 7 8 9	etails on	
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>SC</b>	Inequire STIPD. OKIAIIOTIA Additions       required documents         tate and municipal bond interest	<ul> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>6</li> <li>6</li> </ul>	etails on	00 00 00 00 00 00 00 00 00 00 00 00 00
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>S</b> C	Inequired of the problem of the pro	<ul> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>6 or dents.</li> <li>1</li> </ul>	etails on	Qualifications and
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>SC</b> 1 M 2 C	Inequire STI-D. Oktanoma Additions       required documents         tate and municipal bond interest.       ) Enter as a positive number         nut-of-state losses (describe       ) Enter as a positive number         ump sum distributions (not included in your Federal Adjusted Gross Income)       ) Enter as a positive number         ederal net operating loss - Enter as a positive number	<ul> <li>. 1</li> <li>. 3</li> <li>. 4</li> <li>. 5</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 9</li> <li>. 6</li> <li>. 1</li> <li>. 1</li> <li>. 2</li> </ul>	etails on	Qualifications and 00 00 00 00 00 00 00 00 00 00 00 00 00
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>SC</b> 1 M 2 C 3 C	Inequire STI-D. OKIAIIOTIA Additions       required documents         tate and municipal bond interest	<ul> <li>. 1</li> <li>. 3</li> <li>. 4</li> <li>. 5</li> <li>. 5</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 1</li> <li>. 2</li> <li>. 3</li> </ul>	etails on	Qualifications and 00 00 00 00 00 00 00 00 00 00 00 00 00
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>S</b> C 1 M 2 C 3 C 4 C	Inequired of IT-D. Oktainofina Additions       required documents         tate and municipal bond interest.	<ul> <li>. 1</li> <li>. 2</li> <li>. 3</li> <li>. 4</li> <li>. 5</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 1</li> <li>. 2</li> <li>. 3</li> <li>. 4</li> </ul>	etails on	Qualifications and 00 00 00 00 00 00 00 00 00 00 00 00 00
1 S 2 C 3 L 4 F 5 R 6 R 7 C 8 M 9 T <b>S</b> C 1 M 2 C 3 C 4 C 5 D	Interduction of the problem of the	<ul> <li>. 1</li> <li>. 2</li> <li>. 3</li> <li>. 4</li> <li>. 5</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 6</li> <li>. 7</li> <li>. 8</li> <li>. 9</li> <li>. 1</li> <li>. 2</li> <li>. 3</li> <li>. 4</li> </ul>	etails on	

2 3 4	2020 Form 511 Posident Income Tax Poturn Page 4		Barcode
5	2020 Form 511 - Resident Income Tax Return - Page 4 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.		
6	Name(s) shown	Your Social	
7	on Form 511:	Security Number:	
8			
9	Schedule 511-D: Oklahoma Itemized Deductions	See instructions qualifications and	for details on d required documents.
1			
2	If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized	d Deductions.	
3			
4	1         Federal itemized deductions from Federal Sch. A, line 17         1	00	
5	2 State and local sales or income taxes from Federal Sch. A, line 5a		
6 7	(If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A,	00	
8	line 5a included in line 5e) 2	00	
9	3 Line 1 minus line 2		00
2 0	4 Medical and Dental expenses from Federal Sch. A, line 4 4	00	
1		0.0	
2	5 Gifts to Charity from Federal Sch. A, line 14 5	00	
3	6 Line 3 minus lines 4 and 5	6	00
4 5	7 Is line 6 more than \$17,000?		
5 6	YES. Your itemized deductions are limited. Complete lines 9-11.		
7	NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.		
8			
9	8 Maximum amount allowed for itemized deductions. (exception, lines 9 & 10)		17,000 00
3 0	9 Medical and Dental expenses from Federal Sch. A, line 4	9	00
1			
2	10 Gifts to Charity from Federal Sch. A, line 14	10	00
4	11 Oklahoma Itemized Deductions		
5	If you responded YES on line 7: Add lines 8, 9 and 10		
6	If you responded NO on line 7: enter the amount from line 3	11	00
7			
8	Enter your Oklahoma Itemized Deductions on line 10 of Form 511 unless you have income from		
9	you have an amount on line 4 of Form 511, complete Schedule 511-E "Deductions and Exem	ptions" to determin	e the amount to enter
4 0 1	on line 12 of Form 511.		
2	Schedule 511-E: Deductions and Exemptions See	instructions for o	details on
3	Schedule JII-L. Deductions and Exemptions qua	alifications and re	quired documents.
4	Use this schedule if you have income from out-of-state (Form 511, line 4). Your exemptions ar		
5	ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income reduced by allow income. If you claimed itemized deductions on your federal return, complete Schedule 511-D		
6	income. If you claimed itemized deductions of your rederarretum, complete Schedule 511-D	before completing	
7			
8 9	1 Oklahoma itemized deductions (Schedule 511-D, line 11) or Oklahoma standard deduction		00
5 0			
1	2 Exemptions (\$1,000 x number of exemptions claimed at top of Form 511)		00
2	3 Total (add lines 1 and 2)		00
3			
4	4 Divide the amount on line 7 of Form 511 by the amount on line 3 of Form 511		
5			
6 7	Enter the percentage from the above calculation here (do not enter more than 100%)	4	%
8	5 Total allowable deductions and exemptions (multiply line 3 by percentage on line 4,		70
9	enter total here and on line 12 of Form 511) (Leave lines 10 - 11 of Form 511 blank)		00
6 0			
1			
2			
3			
4			
5			

		Barcode Placeholder
	2020 Form 511 - Resident Income Tax Return - Page 5 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.	
Ner		
	e(s) shown Your Social Security Number:	
S	chedule 511-F: Child Care/Child Tax Credit See instructions for details of and required documents.	on qualifications
lf yc	ur Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expensi	es or the child tax
	it on your Federal return, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the <b>grea</b>	
	20% of the credit for child care expenses allowed by the IRS Code.	
	Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return.	
	<u>or</u>	
	5% of the child tax credit allowed by the IRS Code.	
	This includes both the nonrefundable child tax credit and the refundable additional child tax credit.	
	credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Inco ur Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed.	ome.
	ride a copy of your Federal return and, if applicable, the Federal child care credit schedule.	
1	Enter your Federal child <u>care</u> credit 1 00	
2	Multiply line 1 by 20%	
3	Enter your Federal child tax credit	
	(total of child tax credit & additional child tax credit) 3 00	
4	Multiply line 3 by 5% 00 00	
5	Enter the larger of line 2 or line 4 5	00
6	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511	
		%
	Enter the percentage from the above calculation here (do not enter more than 100%)	70
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit.	
	Enter total here and on line 15 of Form 511 7	00
S	chedule 511-G: Earned Income Credit See instructions for details on qualit required documents.	fications and
	are allowed a credit equal to 5% of the Earned Income Credit allowed on your Federal return. The credit must b	
ratic	of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. Provide a copy of your Federal return	· · · · · · · · · · · · · · · · · · ·
	Federal earned income credit	
1		00
1		
1	Multiply line 1 by 5%         2	00
	Multiply line 1 by 5%	
2		
2	Multiply line 1 by 5%	00
2	Multiply line 1 by 5%	
2	Multiply line 1 by 5%	00
2	Multiply line 1 by 5%	00
2	Multiply line 1 by 5%	00
2	Multiply line 1 by 5%	00
3	Multiply line 1 by 5%	00
3	Multiply line 1 by 5%	00
3	Multiply line 1 by 5%	00
3	Multiply line 1 by 5%	00

2						
3						Barcode
ŀ	2020 Form 511 - Resident Income Tax Return - F	Page 6 - No	ote: Provid	le this page	ONLY if you have	Placeholder
5	an amount shown on a schedule or are filing an					
6	Name(s) shown				Your Social	
7	on Form 511:				Security Number:	
3						
)	Schedule 511-H: Donations fro	m Ref	und (	Original re	turn only)	
1 0						
1	This schedule allows you to make a donation from your ref	und to a va	ariety of Ok	lahoma orga	nizations. Information r	egarding each
2	program, its mission, how funds are utilized, and mailing a					
3	a refund, but would like to make a donation to one of these					
1	your donation to the organization. If you are not receiving a					
5	or Public School Classroom Support Fund, see line 40a or					
	Place an 'X' in the box associated with the dollar amount y	ou wish to	have dedu	cted from vo	ur refund and donated to	o that organization
) ,	Then carry that figure over into the column at the right. Wh					
7	number of the organization to which you donated. If you do					
3	of Form 511.			o organizatio		
)		C				
2 0	See Packet 511, pages 25 and 26 for Schedule 511-H Info	rmation.				
1	1 Support of Programs for Volunteers to Act					
2	as Court Appointed Special Advocates					
3	for Abused or Neglected Children	\$2	\$5	\$	1	00
ŀ	2 Indigent Veteran Burial Program		\$5	\$	2	00
5	3 Support the Oklahoma General Revenue Fund		\$5	\$	3	00
6	4 Oklahoma Emergency Responders Assistance					
7	Program	\$2	\$5	\$	4	00
3			\$5	\$	5	00
)						00
, 3 0	6 Support Wildlife Diversity Fund	\$2	\$5	\$	6	00
	7 Support of Programs for Regional Food Banks					
	in Oklahoma	\$2	\$5	\$	7	00
2	8 Public School Classroom Support Fund		\$5	\$	8	00
3	9 Oklahoma Pet Overpopulation Fund	\$2	\$5	\$	9	00
•	10 Support the Oklahoma AIDS Care Fund	\$2	\$5	\$	10	00
5	11 Support Oklahoma Silver Haired Legislature and Alumni					
6	Association Program	\$2	\$5	\$	11	00
•						
3	12 Total donations (add lines 1-11, enter total here and on line	e 36 of Form	511)			00
)						
0	Schedule 511-I: Amended Retu	urn In	formo	tion		
	Schedule 511-I. Amended Ret		IOIIIIa	uon		
2						
;	Did you file an amended Federal return? Yes	N	0			
	If Yes, provide a copy of the IRS Form 1040X or 1045 AND	proof of IF	RS accepta	nce such as	s a copy of the IRS "Stat	ement of
, ;	Adjustment," IRS check or deposit slip. IRS documents sub					
			, ming and			ay proceeding.
	Explain the changes to income, deductions, and/or credits	below. Ent	er the line i	eference nu	mber for which you are i	reporting a change
3	and give the reason. If more space is needed, provide a se					
0						
0						
0	<u>╷</u> <sub>╋┅╋╋</sub> ┽┥┅ <u>╄</u> ╪┽┽┿╪┽┽┽┽┽┽┽┿╪┽╵┼┼╡┥╌╴╡┥┿╪┊┥╷					
234	4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7	8 9 40 1 2 3	4 5 6 7 8 9	50 1 2 3 4 5 6	7 8 9 60 1 2 3 4 5 6 7 8 9	70 1 2 3 4 5 6 7 8 9 80 1 2 3