				Form 5		Barcode Placeholder		
					2020			
	Oklahoma Nonresident	/Part_Voa	ar Income	Tay Rot	urn			(
		/r ait-ica		Γαλ Νοι	um			7
	Your Social Security Number Place an 'X' in this box	AMENDED RETURN!						8
	if this taxpayer	Place an 'X' in this						9
0	is deceased -	box if this is an						1 (
	(joint return only) Place an 'X' in this box	amended 511NR. See Schedule						
	if this taxpayer is deceased -►	511NR-H.						1
								1
	Your first name Middle initial Last name							4
	ss							Į
	E If a joint return, spouse's first name Middle initial Last name							6
	Ad it o		Not Required to	o File				
	Sector If a joint return, spouse's first name Middle initial Last name Mailing address (number and street, including apartment number) City State	per, rural route or PO Box)						8
	e se			box if you are a nor noma sources is les				9
0	City State	ZIP					•	2 (
			* Note: If claiming Spe	cial Exemption, see ins	tructions on	page 10 of 511NI	R Packet.	
	1 Single			Regular * Special	Blind			
	م 2 Married filing joint return (even if only	one had income)	Yourself		E	3		4
	3 Married filing separate • If spouse is also filing, list Name:		ű			(a)	ł
	If spouse is also filing, list Name:		Spouse		E	- (b)	6
	name and SSN in the boxes: SSN: 4 Head of household with qualifying p		<u>e</u>				,	
			Spouse Balance	Number of deper	dents E	(c))	8
0	5 Qualifying widow(er) with dependen		Ш					
0	Please list the year spouse died in box a	at right:	Add the To	otals from boxes (a), (b Enter the TOTA	• • •			3 (
	Image: Second state of Residence: Image: Second state of Residence: Image: Second state of Resident(s) From Image: Second state of Resident/Part-Year Resident/Nonresidence: Year Resident/Nonresidence: Image: Second state of Residence: Year Resident/Nonresidence: Image: State of Residence: Year Resident/Nonresidence: Image: State of Residence: Year Resident/Nonresidence:		Note: If you may be on Total box for your reg	claimed as a depender	t on anoth	er return, enter "	'0" in the	4
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	ි මි Resident/Part-Year Resident/Nonresid	dent						
			Are CE or Older2		V		Spouso	
	State of Residence: Yourself	Spouse	Age 65 or Older?	(Please see instructions)	Ye	ourself	Spouse	:
							Spouse	
	Complete Schedule 511NR-1 "Income Alloca	tion for Nonresid	lents P	lease Round to N	earest W	/hole Dollar		
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	Complete Schedule 511NR-1 "Income Alloca and Part-Year Residents" to arrive at Oklahom and Federal adjusted gross income (line 2). 1 Oklahoma source income (Schedule 511NR 2 Federal adjusted gross income (Schedule 3 Oklahoma additions: Schedule 511NR-A, lin 4 4 Add lines (Federal 2 and 3) and then (Oklaho 5 Oklahoma subtractions: Schedule 511NR-B, 6 6 Adjusted gross income: Oklahoma Source (7 Adjusted gross income: All Sources (line 4 minus 8 8 Adjusted gross income: All Sources (line 4 minus 8 Adjusted gross income: All Sources (from li 9 10 Income after adjustments (Schedule 511NR-C, 10 Income after adjustments (line 8 minus line 9 11 12 Exemptions: Enter the total number of exemptions 13 Total deductions and exemptions (add lines 1 (Single or Married Filing Separate: \$6,350 • Married Filing 12 13 Total deductions and exemptions (add lines 1 (b) If paying the Health Savings Account additiona add additional tax here and enter a "2" in box on Oklahoma Income Tax (line 15a plus line 15b) STOP AND READ: If line 7 is equal to or larger than line 2, co 16	tion for Nonresid a Source Income (I R-1, line 18) 511NR-1, line 19). e 8 bma 1 and 3) line 17 line 4 minus line 5) s line 5) Also enter on ine 7) line 7) 1NR-D, line 11) or Joint or Qualifying Wide botons claimed abov 11 and 12) ine 13) g Farm Income Avera " in box on line 15 10% tax, n line 15 mplete line 16. If line 7 tructions)	Ients Prince Pri	lease Round to N ral Amount 00 00 00 00 00 00 00 00 00 00 00 00 00	earest W 0kl 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15a 15b 15 16	/hole Dollar	000 000 000 000 000 000 000 000 000 00	

2						2
3					Barcode	3
4		sident/Dert Veer Incomes			Placeholder	4
5	2020 Form 511NR - Nonres	sident/Part-Year Income	Tax Return - Page 2			5
6	Name(s) shown on Form 511NR:			Your Social Security Number:		6
7						/
8	18 Amount from line 17 on pa				00	8
9		ma Amount (from line 6)	Federal Amount (from lin			9
10	a)	•	b)	19	8	1 0
1	20 Oklahoma Income Tax. Multi If recapturing the Oklahoma Afford	iply line 18 by line 19	cantured credit here and enter	a "1" in box If making		1
2	an Oklahoma installment navment	t nursuant to IRC Section 965(h)	and 68 O.S. Sec. 2368(K)			2
3	add the installment payment here				00	3
4	21 Oklahoma earned income cre				00	4
5	22 Credit for taxes paid to anothe				00	5
6 7	23 Form 511CR - Other Credits F				00	7
8	24 Line 20 minus lines 21, 22 and				00	/
9	25 Use tax due on Internet, mail				0.0	9
2 0	If you certify that no use tax 26 Balance (add lines 24 and 25)	x is due, place an 'X' here:			00	2 0
1					00	1
2			g statement) 27	00		2
3	28 2020 Oklahoma estimated tax		20	00		3
4	If you are a qualified farmer 29 2020 payment with extension			00		4
5	30 Credits from Form			00		5
6				00		6
7	31 Amount paid with original retu (amended return only)	im plus additional paid alte		00		7
8	32 Payments and credits (add I				00	8
9	33 Overpayment, if any, as show				00	9
3 0	adjusted by Oklahoma (amen	ided return only)		33	00	3 0
1	34 Total payments and credits				00	1
2	35 If line 34 is more than line 26,				00	2
3	36 Amount of line 35 to be applie					3
4	(see page 4 of 511NR Packet			00		4
5	Schedule 511NR-G provides you with the oppo			oma organizations. Place		5
6	the line number of the organization from Scheo more than one organization, put a "99" in the b					6
7	37 Donations from your refund (to			00		7
8	38 Total deductions from refund ((add lines 36 and 37)			00	8
9	39 Amount to be refunded (line 3				00	9
4 0						4 0
1	Direct Deposit Note:	Is this refund going to or the second sec	hrough an account that is loo	cated outside of the United States	? Yes No	1
2	Verify your account and routing numbers are cor rect. If your direct deposit fails to process or you		ny: Checking Acco	ount Savings Account	t	2
3	do not choose direct deposit, you will receive	Routing Number:	Account Numb	er:		3
4	a debit card. See the 511NR Packet for direct deposit and debit card information.					4
5						5
6	40 If line 26 is more than line 34,		•		00	6
7	41 a) Donation: Support the Okla				00	7
8	b) Donation: Public School Cl				00	8
9	42 Underpayment of estimated ta	ax interest (annualized inst	allment method).		00	9
50	43 For delinquent payment add					5 0
1	plus interest of 1.25% per mo	nth	\$	43	00	1
2	44 Total tax, donation, penalty a	nd interest (add lines 40-43	3)		00	2
3	Under penalty of perjury, I declare the information of	contained in this document,	ace an 'X' in this box if the Oklah	oma Tax Commission		3
4	and all attachments and schedules, is true and corr		ay discuss this return with your t			4
5	edge and belief. Taxpayer's signature Dat	te Spouse's signature	Date	Paid Preparer's signature	Date	5
6		au opouse's signature	Date		Dale	6
7				Doid Property's address and a	numbor	8
8	Taxpayer's occupation	Spouse's occupation		Paid Preparer's address and phone		8
9	Daytime Phone Number (antienet)					6 0
6 0 1	Daytime Phone Number (optional)		F FEDERAL RETURN	Daid Preparer's DTIN		1
2			BE PROVIDED.	Paid Preparer's PTIN		2
3		it to: Oklahoma Tax Commi homa Tax Commission is not required		lahoma City, OK 73126-0800		3
4		inter a some some some some some some				4
5						- 5
	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	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 4 6

1 2 3 4 5 6 7 8 9 10 1 2 3 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 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 8 8 1 2 3 4 5 6 7 8 9 8 8 1 2 3 4

2 / · · · · · · · · · · · · · · · · · ·							Barcode		2
4		2020 Form 511NR - Nonresident/Part-Year Income Tax Return	- Page 3				Placeholder		4
5 6		Note: Provide this page with your return.							5
7		ne(s) shown orm 511NR:			our Socia				7
8									8
9	S	chedule 511NR-1: Income Allocation	for Non	resid	ents	and			9
10		Part-Year Residen				, and			10
2									2
3		es 1-19: In the Federal column, enter the amounts from yo			See tl	ne instru	ctions to	figure	3
4	the	amounts to report in the Oklahoma column.	Federal An	nount		Oklah	ioma Am	ount	4
5	1	Wages, salaries, tips, etc			00 1			00	5
6 7	2	Taxable interest income			00 2			0.0	7
8									8
9	3	Dividend income			00 3			00	9
2 0	4	Taxable IRA distribution			00 4			00	2 0
1 2	5	Taxable pensions and annuities			00 5			00	2
3	6	Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)			00 6			00	3
4									4
5	7	Capital gains or losses (Federal Schedule D)			00 7			00	5
6	8	Taxable refunds (state income tax)			00 8			00	6
7 8	9	Alimony received			00 9			00	8
9	10	Business income or (loss) (Federal Schedule C)			00 10			00	9
3 0	11	Other gains or losses (Federal Form 4797)			00 11			00	3 0
1									1
2 3	12				00 12			00	2
4	13	Farm income or (loss)			00 13			00	4
5	14	Unemployment compensation			00 14			00	5
6	15	Other income							6
7		(identify:)			00 15			00	7
8 9	16	Add lines 1 through 15			00 16			00	8
4 0	17	Total Federal adjustments to income							4 0
1		(identify:) Oklahoma source income (line 16 minus line 17)			00 17			00	1
2	18	Oklahoma source income (line 16 minus line 17)			40				2
3	10	Enter here and on page 1, line 1			18			00	3
5	19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2			00 19				5
6									6
7	S	chedule 511NR-A: Oklahoma Additio	ns See instired	ructions f	for det	ails on qu	alification	ns and	7
8			Federal An		1113.	Oklah	ioma Am	ount	8
9 5 0	1	State and municipal bond interest			00 1	Unidi		00	5 0
1	2	Lump sum distributions (not included in your Federal AGI)			00 2			00	1
2	3	Federal net operating loss			00 3			00	2
3	4	Recapture depletion claimed on a lease bonus or							3
4 5	-	add back of excess Federal depletion		(00 4			00	4
6	5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)			00 5			00	6
7	6	Oklahoma loss distributed by an electing PTE			00 6			00	7
8	7	Miscellaneous: Other additions							8
9 6 0		(enter number in box for the type of addition))			00 7			00	9 6 0
1	8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511NR)			8 00			00	1
2									2
3									3
4									4
5 2 3 4	567	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	5789501234	567896	01234	456789	70 1 2 3 4 5	56789801	2346
	1 1 1 1								

1 2 3 4 5 6 7 8 9 10 1 2 3 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 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 8 8 1 2 3 4 5 6 7 8 9 8 8 1 2 3 4

	2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.			Barcode Placeholder		
Nam on F	e(s) shown orm 511NR:		Social irity Numl	per:		
S	chedule 511NR-B: Oklahoma Subtractions See instrue and require	ctio ed (ns for docum	details on qualification ients.	ns	
	Federal Amount			Oklahoma Amount		
1	Interest on U.S. government obligations	00	1		00	
		00	-		00	
2	Taxable Social Security (from Schedule 511NR-1, line 6)	00	2		00	
3	Federal civil service retirement in lieu of social security	0.0	3			
	- Retirement <u>Taxpayer Number</u> <u>Spouse Number</u>	00			00	
	Claim Number:					
4	Military Retirement (see instructions for limitation)	00	4		00	
		00			00	
5	Oklahoma government or Federal civil service retirement	00	5		00	
6	Other retirement income	00	6		00	
		00	-		00	
7	U.S. Railroad Retirement Board Benefits	00	7		00	
8	Additional depletion	00	8		00	
9	Oklahoma net operating loss (Loss Year[s]	00	0		00	
9	(Provide Schedules)	00	9		00	
10	Exempt tribal income (see instructions for qualifications)		10			
		00	10		00	
11	Gains from the sale of exempt government obligations	00	11		00	
12	Nonregident military wages (provide W/2)		10			
12	Nonresident military wages (provide W-2)	00	12		_	
13	Oklahoma Capital Gain Deduction (Provide Form 561NR)	00	13		00	
14	Income Tax Refund (Federal Form 1040 or 1040-SR,					
45	Schedule 1, line 1) Oklahoma income distributed by an electing PTE	00			00	
15	Miscellaneous: Other subtractions	00	15		00	
	(enter number in box for the type of deduction)	00	16		00	
17	Total subtractions					
	(add lines 1-16, enter total here and on line 5 of Form 511NR)	00	17		00	
S	chedule 511NR-C: Oklahoma Adjustments See instru-	ctio	ns for	details on qualification	ıs	
	• • • • • • • • • • • • • • • • • • •			ents.		
1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)				00	
2	Qualifying disability deduction (residents and part-year residents only)				00	
3	Qualified adoption expense		3		00	
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)		4		00	
5	Deductions for providing foster care		5		00	
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction)		0		00	
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511NR)		7		00	

			Barcode Placeholder	
	2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 5 Note: Provide this page <u>ONLY</u> if you have an amount shown on a schedule.			
Name on For	s) shown m 511NR:	Your Social Security Number:		
S	chedule 511NR-D: Oklahoma Itemized Deductio	ons		
lf you	claimed itemized deductions on your Federal return, you must claim Oklahom	a Itemized Deduc	tions.	
1 F	Federal itemized deductions from Federal Sch. A, line 17 1	00		
(State and local sales or income taxes from Federal Sch. A, line 5a			
	Federal Sch A, line 5a included in line 5e) 2	00		
	ine 1 minus line 2			00
4	Medical and Dental expenses from Federal Sch. A, line 4	00		
5 (Gifts to Charity from Federal Sch. A, line 14 5	00		
6 1	ine 3 minus lines 4 and 5			00
7 1	s line 6 more than \$17,000?			
	YES. Your itemized deductions are limited. Complete lines 9-11.			
	NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (exception, lines 9 & 10)		17,000	00
9 1	Nedical and Dental expenses from Federal Sch. A, line 4			00
10 (Gifts to Charity from Federal Sch. A, line 14	10		00
	Dklahoma Itemized Deductions			00
	If you responded YES on line 7: Add lines 8, 9 and 10			
	If you responded NO on line 7: enter the amount from line 3	11		00
Ente	r your Oklahoma Itemized Deductions on line 11 of Form 511NR.			
C	chedule 511NR-E: Child Care/Child Tax Credit	See instructions fo	or details on	
		qualifications and		nts.
	r Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credi edit on your Federal return, then as a resident, part-year resident or nonresident military			r
	oma tax. Your Oklahoma credit is the greater of:	, you are allowed a	credit against you	I
Oklah	20% of the credit for child care expenses allowed by the IRS Code. Your allowed Fede	rai credit cannot ex	ceed the amount o	of
Oklah •	your Federal tax reported on your Federal return, OR			of
Oklah •	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundate			of
Oklah • • The c	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 nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Fede	ole child tax credit a eral Adjusted Gross	nd the refundable Income. If your	
Oklah • • The c Feder	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy	ole child tax credit a eral Adjusted Gross	nd the refundable Income. If your	
Oklah • The c Feder the Fe	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule.	ole child tax credit a eral Adjusted Gross	nd the refundable Income. If your	
Oklah • The c Feder the Fe	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal al Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule.	ole child tax credit a eral Adjusted Gross y of your Federal re 00	nd the refundable Income. If your	
Oklah • • The c Feder the Fe	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Inter your Federal child <u>care</u> credit	ble child tax credit a eral Adjusted Gross y of your Federal re	nd the refundable Income. If your	
Oklah • The c Feder the Fe	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Inter your Federal child <u>care</u> credit	ole child tax credit a eral Adjusted Gross y of your Federal re 00	nd the refundable Income. If your	
Oklah The c Feder the Fe 1 E 2 M 3 E (4 M	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal al Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Enter your Federal child <u>care</u> credit	ole child tax credit a eral Adjusted Gross y of your Federal re 00 00 00	nd the refundable Income. If your	
Oklah The c Feder the Fe 1 E 2 M 3 E (4 M 5 E	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Inter your Federal child <u>care</u> credit	ole child tax credit a eral Adjusted Gross y of your Federal re 00 00 00	nd the refundable Income. If your	
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Oklah The c Feder the Fe 1 E 2 N 3 E (4 N 5 E	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Inter your Federal child <u>care</u> credit	ole child tax credit a eral Adjusted Gross y of your Federal re 00 00 00	nd the refundable Income. If your	ble,
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Oklah • The c Feder the Fe 2 N 3 E (4 N 5 E 6 C	your Federal tax reported on your Federal return, OR 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundat additional child tax credit. redit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal al Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy ederal child care credit schedule. Enter your Federal child <u>care</u> credit	ole child tax credit a eral Adjusted Gross y of your Federal re 00 00 00 00 5	nd the refundable Income. If your	ble,
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2							2
3						Barcode	3
4	2020 Form 511NP Nonroeident/Port Year Incor	no Tay Bat		6		Placeholder	4
5	2020 Form 511NR - Nonresident/Part-Year Incon Note: Provide this page <u>ONLY</u> if you have an arr						5
6	Note. Provide this page <u>ONLI</u> if you have all all	iount show	11 011 a 50	leuule.			6
7	Name(s) shown				Your Social		7
8	on Form 511NR:				Security Number:		8
9							9
1 0	Schedule 511NR-F: Earned In	come	Credi	t See i	nstructions for detail equired documents.	s on qualifications	1 0
1				anar			1
2	Residents and part-year residents are allowed a credit equ						2
3	The credit must be prorated on the ratio of Oklahoma sour				copy of your Federal r	eturn.	3
	Nonro	esidents de	o not qual	ity.			1
4	1 Federal earned income credit	••••••		••••••		00	
5	2 Multiply line 1 by 5%					00	5
6	3 Divide the amount on line 6 of Form 511NR by the amou	unt on line 2	of Form 51	1NR			0
7							/
8							8
9	Enter the percentage from the above calculation here (d			00%)	3	8	9
2 0	4 Oklahoma earned income credit (multiply line 2 by line 3						2 0
1	on line 21 of Form 511NR)	······································			4	00	1
2							2
3	Schedule 511NR-G: Donation	s trom	i Refu	nd (O	riginal retur	n only)	3
4				•			4
5	This schedule allows you to make a donation from your refu gram, its mission, how funds are utilized and mailing addre	und to a var	own in Sch	edule 511N	Inizations. Information	egarging each pro-	5
6	Packet. If you are not receiving a refund but would like to m	nake a dona	ition to one	of these or	ganizations, Schedule	511NR-G Information	6
7	lists the mailing address to mail your donation to the organi	ization. If vo	ou are not r	eceiving a r	efund and wish to don	ate to Support the	7
8	Oklahoma General Revenue Fund or Public School Classro						8
9	Place an 'X' in the box associated with the dollar amount yo	ou wish to h	ave deduc	ed from yo	ur refund and donated	to that organization.	9
3 0	Then carry that figure over into the column at the right. Who number of the organization to which you donated. If you do	en you carry	/ your figur e than one	e back to lif	n please write a "99" i	n the box at line 37 of	3 0
1	Form 511NR.		e man one	organizatic			1
2							2
3	1 Support of Programs for Volunteers to Act as Court Appointed Special Advocates						3
4	for Abused or Neglected Children	\$2	\$5	\$	1	00	4
5	2 Indigent Veteran Burial Program		\$5	\$	2	00	5
6	3 Support the Oklahoma General Revenue Fund		\$5	\$	3	00	6
7							7
8	4 Oklahoma Emergency Responders Assistance Program	\$2	\$5	\$	4	00	8
9	5 Support of Folds of Honor Scholarship Program		\$5	Ψ \$	E	00	9
4 0			\$5	\$	5	00	4 0
1		φ2	- 5 5	φ	6	00	1
2	7 Support of Programs for Regional Food Banks	C O	<u>е</u> г	•		0.0	2
3	in Oklahoma		\$5	\$	7	00	- 3
	8 Public School Classroom Support Fund		\$5	\$	8	00	4
4	9 Oklahoma Pet Overpopulation Fund		\$5	\$	9	00	5
5	10 Support the Oklahoma AIDS Care Fund	\$2	\$5	\$	10	00	
6	11 Support Oklahoma Silver Haired Legislature and						6
7	Alumni Association Program	\$2	\$5	\$	11	00	7
8							8
9	12 Total donations (add lines 1-11, enter total here and	on line 37 o	of Form 51	1NR)		00	9
5 0							5 0
1	Schedule 511NR-H: Amended	l Retu	rn Info	ormati	on		1
2							2
3	Did you file an amended Federal return? Yes	No					3
4	If Yes, provide a copy of the IRS Form 1040X or 1045 ANE	D proof of IF	RS accepta	nce, such a	as a copy of the IRS "S	tatement of	4
5	Adjustment," IRS check or deposit slip. IRS documents su						5
6			-				6
7	Explain the changes to income, deductions, and/or credits and give the reason. If more space is needed, provide a se			elerence n	umber for which you a	e reporting a change	7
8	and give the reason. If more space is needed, provide a se	eparate sch	euule.				8
9							9
6 0							6 0
1							1
2							2
3							3
4							4
5							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 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	4567895	0123456	5 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	2346

1 2 3 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 20 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 4 5