Test Scenario 1 uses Federal Form 1041 Test Scenario #3.

Magenta Trust

Deviations from Test Package Federal form 1041:

- Change the Federal Employer Identification Number to: 11-4012343.
- Schedule C Change business address City, State and Zip to: Oklahoma City, OK 73102
- Form 4797 Building is located at 123 Main, Oklahoma City, OK 73102 and was acquired on 9/27/2008.

Forms Required: 513, 561F

Misc. Information:

- Trust is an Oklahoma trust.
- A return was filed last year.
- The tax-exempt interest on the federal return is also tax-exempt for Oklahoma.
- Estimated payments totaling \$4500 were timely made.
- Apply \$1000 of the overpayment to the next year's estimated taxes.
- The refund should be by direct deposit into an Oklahoma checking account with the following information:
 - o Routing number 303085829
 - o Account number 101001234

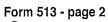
Additional Schedules: Other Deductions, Additional Schedule (Form 513, line 17)
Schedule Name - Other Deductions

Schedule Chief Beddett	0113
Capital Gain Deduction	94,000
Total	94,000



OKLAHOMA RESIDENT FIDUCIARY RETURN OF INCOME

of t	s form must be filed he fourth month aff the year January 1 - De eginning:	ter the close of ecember 31, 2017, o ending:	the taxable year.	RETURN! If this is an Amended Return place an 'X' here						
L			,	See Schedule 513-X on page 4.						
	ne of estate or trust: MAGENTA TRUST									
	dress of fiduciary: (numbe LST TEST STREE									
	y, State or Province, Coun LANHAM , MD 20	try and ZIP or Foreig	ın Postal Code:			rm is for residents on idents use Form 513h		L.	Important!	
l	leral Employer Identificati	ion Number:	Date Entity Created:				VID.	'	Vas a Fiduciary Income T Return filed for the	ax
	11-4012343		01/02/16		This is a	(n): Initial Return Final Return			previous year?	
	CYAN MAGENTA,	CPA								
in	ace an 'X' -> all applicable oxes:	Simple ESBT Other (d	lescribe):	Grantor Typ Complex Tru Charitable T	rust	Pooled Income Fu			Number of Beneficiarie	s:
20/03/2000		or Oklahoma an	y of your Federal r nounts when diffe hedule(s) for line	rent from Feder		Column A As reported on Federal ret	urn		Column B Total applicable to Oklahor	ma
1	in and the section of	understein-tree-tree-tree-tree-tree-	nment obligations	adalan di data takan kelebahan da arak takan kelali kelali	*****************	72,500	00	1	72,500	Т-
2	İ		Inited States				00	2		
3	_							3		00
4	Dividends			*****************		40,000	00	4	40,000	00
5	Business income	e or (loss)				65,000	00	5	65,000	00
6							00	6	94,000	00
7	Rents, royalties,	partnerships,	other estates and	d trusts, etc			00	7		00
8	Farm income or	(loss)					00	8		00
9	Ordinary gain or	(loss)					00	9		00
10	Other income (s	tate nature of i	ncome)				00	10		00
11	Total income (a	add lines 1 thro	ugh 10)			271,500	00	11	271,500	00
	Deductions						Laa			Īω
12 13						***	00	12 13		00
14			for estates)			750	00		750	00
15	Charitable dedu	ction					00	15		00
16	Attorney, accour	ntant, and retur	n preparer fees			930	00	16	930	00
17	Other deduction	s (provide sche	edule)				00	17	94,000	00
18	Income distribution	on deduction (us	se Oklahoma Sched	lule K-1; see instr	uctions)	175,820	00	18	175,820	00
19	Federal estate ta	ax deduction (p	orovide schedule)				00	19		00
20	Exemption					300	00	20	300	00
21	Total Deduction	ns (add lines 1	2 through 20)			177,800	00	21	271,800	00
22	Tovoldo Ingo	of Fiduals:	(auhtraat lina Ot :	from line 11\		93 700	00	ا مم ا	(300)	۸۸







Name of estate or trust:					Federal Employer Identification Number:			
MAGENTA TRUST					11-4012	2343		
1						Т	Column B	
23	Taxable income of fiduciary (Am	aount shown on line 22. Colum	ın B)				(300) 00	
24	Tax on amount on line 23 colum			***************************************				
	If an ESBT or Charitable Trust,	, see the instructions and enter	"1" in the box			ma		
	Affordable Housing Tax Credit,	add the recaptured credit here	and enter a '	"2" in the box.		.24	00	
							00	
25 26	Credits: Enter number in box fo					.25	00	
20 27	Balance of tax due (subtract line 2017 Oklahoma estimated tax p		man zeroj			.26	[00]	
	(i.e. Form(s) OW-8-ESC)		27			00		
28	Amount paid with extension req					50		
29	Oklahoma withholding (provide Fo	•			(00		
	5 "	·						
30	Refundable Credits from Form.				(00		
31	Amount paid with original return				1.			
	(amended return only)		31	*****		20		
32	Any refunds or overpayment ap	inlied (amended return only)	32	1	اد	00		
32 33	Total of lines 27 through 32						00	
لتا	-							
	34 If line 33 is larger than line	•				.34	00	
	35 Amount of line 34 to be cre (original return only)	dited to 2018 estimated tax	35		(00		
	36 Amount of line 34 to be refu	unded to you		Refu	unded →	36	00	
(w	ant a Faster Refund?	Is this refund going to or through	an account th	at is located out	side of the Ur	nited Stat	tes? Yes No	
_	ct to have your refund directly	Deposit my refund in my:			saving			
de	posited into your checking or	Routing Number:						
	rings account.	nouting Number.		13.5				
	Direct Deposit information, see ge 15 of the 513 Packet.	Account Number:	za wojeko je po poslova po poslova po poslova po poslova po poslova po poslova poslova poslova poslova poslova		erikaten kalendarikan kalendaria kalendaria kalendaria kalendaria kalendaria kalendaria kalendaria kalendaria k	rga svavga taga Standarov		
37	If line 26 is larger than line 33 e	nter tax due		Ta	x Due →	37	00	
	•				_			
38	Underpayment of estimated tax					38	00	
39	For delinquent payment, add peinterest at 1.25% per month	enalty 01 5%	Ф		plus	30	00	
40	Total tax, penalty and interest (a						00	
Ш		·				\sqcap^{\vdash}		
	If you have asked for an extension from the IRS, place an 'X' here and provide a copy with this return							
	If the Tax Commiss	sion may discuss this return wit	h your tax pi	reparer, place	an 'X' here		Make check payable to the Oklahoma Tax Commission	
Unde If prei	r penalties of perjury, I declare I have exam pared by person other than the taxpayer, thi	ined this return, including accompanying is declaration is based on all information	g statements, ar n of which prepa	nd to the best of m rer has any knowl	ny knowledge at ledge.	nd belief it	is true, correct and complete.	
	ure of Fiduciary	Date	Signature of Prep				Date	
	Name of Fiduciary		Printed Name of	Preparer				
C	YAN MAGENTA					T		
Title o	Fiduciary PA	Phone Number	Phone Number			Preparer's	PHN	



PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

Fo	r calendar year 2017 or fiscal year beginning	, 2017	Amend	
an	d ending	J*	× Nonres	sident
Na	ne of estate or trust	# 300 Miles 100 T		
М	AGENTA TRUST			
Bei	neficiary's FEIN/SSN	Estate's or trust's Federal Employer	Identification Num	ber
2	13-08-8712	11-4012343		
Ber	neficiary's name, address and ZIP	Fiduciary's name, address and ZIP		
l	JBY RED GRAPE	CYAN MAGENTA, CPA	ř	
	TH TEST STREET ANHAM, MD 20706	1ST TEST STREET LANHAM, MD 20706		
100 000 000 000 000 000				
ln	come		FEDERAL	OKLAHOMA
1	Interest		18,125	18,125
2	Dividends		10,000	10,000
3	Short-term capital gain (or loss)	<u> </u>		
<u>4</u> 5	Long-term capital gain (or loss)	4	the first of the second	
)	a. Annuities, royalties and other nonbusiness incom	ne 5a		
	b. Trade or business, rental real estate and other business.	-	15,830	15,830
6	State and municipal interest			
7	•			
D	eductions			
8	a. Depreciation, depletion, amortization attributable to li	ne 5a8a 「		
	b. Depreciation, depletion, amortization attributable to li			
9	Expenses allocable to Federally-exempt income			
10	Expenses allocable to Oklahoma-exempt income	10		
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			
	C			
	d	Г		
,	e			
	d	13 f 13 g		



PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

Foi	calendar year 2017 or fiscal year beginning	, 2017		Amend Final K		
and ending, X Nonresident						
Nar	ne of estate or trust					
М	AGENTA TRUST					
Ber	neficiary's FEIN/SSN	Estate's or trust's Federal Employe	r Identificat	tion Num	ber	
2	13-08-8713	11-4012343				
Ber	neficiary's name, address and ZIP	Fiduciary's name, address and ZIP				
1	JSHIA RED LIME	CYAN MAGENTA, CPA				
	TH TEST STREET ANHAM, MD 20706	1ST TEST STREET LANHAM, MD 20706				
	·					
ln	come		FEDE	RAL	OKLAHOMA	
1	Interest	1		18,125	18,125	
2	Dividends	•		10,000	10,000	
3	Short-term capital gain (or loss)					
4	Long-term capital gain (or loss)					
5	Other taxable income:	· F-				
	a. Annuities, royalties and other nonbusiness incom	F		15,830	15,830	
b. Trade or business, rental real estate and other business income5b State and municipal interest				13,030	23,030	
7 U.S. interest						
es recentation	eductions					
5504506065		no 50 00 1				
8	a. Depreciation, depletion, amortization attributable to lib. Depreciation, depletion, amortization attributable to li					
a	b. Depreciation, depletion, amortization attributable to li Expenses allocable to Federally-exempt income	r				
10	Expenses allocable to Oklahoma-exempt income					
11	Deductions in the final year of trust or decedent's estate:					
	a. Excess deductions on termination	_				
	b. Net operating loss carryover	11b				
12	Withholding	12 [
13	Other:					
	a	13a		A MARINE STORY		
	b	13b				
	C	13c				
	d					
	e					
	f					
	g	13g				



PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

Fo	r calendar year 2017 or fiscal year beginning	, 2017	Amend	
an	d ending		× Nonres	sident
Na	me of estate or trust			
M	AGENTA TRUST			
Bei	neficiary's FEIN/SSN	Estate's or trust's Federal Employe	er Identification Num	ber
2	213-08-8714	11-4012343		
Bei	neficiary's name, address and ZIP	Fiduciary's name, address and ZIP	}	
1	LUE RED COCONUT	CYAN MAGENTA, CPA 1ST TEST STREET		
ł	IH TEST STREET ANHAM, MD 20706	LANHAM, MD 20706		
-				
ما			FEDERAL	OKLAHOMA
111	come		18,125	18,125
2	Dividends	†	10,000	10,000
3	Short-term capital gain (or loss)	}		12.00.00
4	Long-term capital gain (or loss)	4		
5	Other taxable income:			
	a. Annuities, royalties and other nonbusiness incom			
<u> </u>	b. Trade or business, rental real estate and other b		15,830	15,830
6 State and municipal interest 6				
POST-OFFICE	U.S. interest	7		
Paramas Paramas	eductions			
8	a. Depreciation, depletion, amortization attributable to li			
	b. Depreciation, depletion, amortization attributable to li		n to	
9	Expenses allocable to Federally-exempt income			
	Expenses allocable to Oklahoma-exempt income			
11	—	_		
	a. Excess deductions on terminationb. Net operating loss carryover			
	, , ,	<u>.</u>		
13	Withholding Other:	12		
'3		13a		
	a b			
	c			
	d.			
	е.	. 1		
	f	13 f		
	g	13g		



PART 2: BENEFICIARY'S SHARE OF INCOME AND DEDUCTIONS

1	r calendar year 2017 or fiscal year beginning	•	Amend	-1
an	d ending)	× Nonres	sident
Na	me of estate or trust			
M	AGENTA TRUST			
Bei	neficiary's FEIN/SSN	Estate's or trust's Federal Employe	r Identification Num	ber
2	213-08-8715	11-4012343		
Bei	neficiary's name, address and ZIP	Fiduciary's name, address and ZIP		
61	REEN RED KIWI IH TEST STREET ANHAM, MD 20706	CYAN MAGENTA, CPA 1ST TEST STREET LANHAM, MD 20706		
	,			
ln	come		FEDERAL	OKLAHOMA
1	Interest	1	18,125	18,125
2	Dividends	-	10,000	10,000
3	Short-term capital gain (or loss)			AV
4	Long-term capital gain (or loss)	4		
5	Other taxable income:	_		
	a. Annuities, royalties and other nonbusiness incom	i -	15,830	15,830
_	b. Trade or business, rental real estate and other business and municipal interest	The state of the s	15,630	13,630
	U.S. interest			
Enclosed State	eductions	·		
HEERSKIN	.			
8	a. Depreciation, depletion, amortization attributable to lib. Depreciation, depletion, amortization attributable to li			A CONTROL OF
9	Expenses allocable to Federally-exempt income	To the state of th		
	Expenses allocable to Oklahoma-exempt income	F		
	Deductions in the final year of trust or decedent's estate:			
	a. Excess deductions on termination	-		
	b. Net operating loss carryover	11b		
12	Withholding			
_	Other:			
	a	13a		
	b	13b		
	C	13c		
	d	. h		
	e	F		
	f	131 13a		

State of Oklahoma





561F 20 17

OKLAHOMA CAPITAL GAIN DEDUCTION FOR TRUSTS AND ESTATES FILING FORM 513

(Qualifying Assets Held for the Applicable Holding Period)

A2. Oklahoma Location/Address or Federal ID Number A2. Oklahoma Location/Address or Federal ID Number A3. Oklahoma Location/Address or Federal ID Number A4. Oklahoma Location/Address or Federal ID Number A5. Oklahoma Location/Address or Federal ID Number A6. Oklahoma Location/Address or Federal ID Number A7. Oklahoma Locat	Na	me as Shown on Return				Federal Emp	loyer	Identification Number
A1. Description of Property A2. Oklahoma Location/Address or Federal ID Number A3. Oklahoma Location/Address or Federal ID Number A4. A2. A3. A3. A3. A3. A3. A3. A3. A3. A3. A3	М	MAGENTA TRUST 11						4012343
A2. Oklahoma Location/Address or Federal ID Number A2. Oklahoma Location/Address or Federal ID Number A3. Oklahoma Location/Address or Federal ID Number A4. Oklahoma Location/Address or Federal ID Number A5. Oklahoma Location/Address or Federal ID Number	1.	List qualifying Oklahoma capita	l gains and loss	es, not included	on lines 2 through	5 below.		
A2. Oldafoma Location/Address or Federal ID Number (See instructions) (See instructions) (See instructions) (Adjustments to Gain or Loss (D) and (E) (E) and (E) and (E) (E) a	A1.	Description of Property					ther	F. Gain or (loss)
A1) A2) A1) A2) A1) A2) 2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252. 3. Other qualifying Oklahoma net capital gain or (loss) reported on Federal Schedule D, line 11, not included on line 2 above. Provide a copy of the applicable Federal form(s). 4. Qualifying Oklahoma net capital gain or (loss) from partnerships, S corporations, and other estates or trusts reported on Federal Schedule D, line 11, and included on Federal Schedule D, line 12. (Complete the worksheet on page 2 and provide a copy of the Federal Schedule K-1). 5. Qualifying Oklahoma net capital gain from sale of business property reported on Federal Schedule D, line 14. Provide a copy of the Federal Schedule K-1). 6. Add amounts in Column F on line 1 and lines 2 through 5. Cualifying Oklahoma capital loss carryover reported on Federal Schedule D, line 15. 7. Qualifying Oklahoma capital loss carryover reported on Federal Schedule D, line 15. 8. Qualifying Oklahoma capital gain included in Oklahoma income (if zero or less, enter "0"). 9. Net capital gain included in Oklahoma income (if zero or less, enter "0").			(mm/dd/yy)	(mm/dd/yy)	(Sales Price)	Adjustments		
A1) A2) A1) A2) A1) A2) A2) A1) A2) A2) A1) A2) A2) A2) A3) A2) A4) A2) A2) A3) A4) A2) A4) A2) A5) A6) A6) A7) A7) A8) A8) A8) A8) A8) A9) A9) A9) A9) A1) A9) A1) A2) A1) A2) A1) A2) A2) A1) A2) A2) A3) A4) A4) A5) A5) A6) A6) A6) A6) A7) A7) A8) A8) A8) A8) A8) A8) A94,0 A8) A8) A94,0 A8) A8) A94,0 B9 A8) A8) A94,0 B9 A94,0 B9 A94,0 B9 A94,0 B9 B10	A1)							
A1) A2) A1) A2) A1) A2) A2) A1) A2) A2) A1) A2) A2) A2) A3) A2) A4) A2) A2) A3) A4) A2) A4) A2) A5) A6) A6) A7) A7) A8) A8) A8) A8) A8) A9) A9) A9) A9) A1) A9) A1) A2) A1) A2) A1) A2) A2) A1) A2) A2) A3) A4) A4) A5) A5) A6) A6) A6) A6) A7) A7) A8) A8) A8) A8) A8) A8) A94,0 A8) A8) A94,0 A8) A8) A94,0 B9 A8) A8) A94,0 B9 A94,0 B9 A94,0 B9 A94,0 B9 B10	4.0\							
A1) A2) 2. Qualifying Oklahoma capital gain from Installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	A2)							
A1) A2) 2. Qualifying Oklahoma capital gain from Installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252			,					
A1) A2) A1) A2) 2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252. 3. Other qualifying Oklahoma net capital gain or (loss) reported on Federal Schedule D, line 11, not included on line 2 above. Provide a copy of the applicable Federal form(s)	A1)							
A1) A2) 2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	A2)	- To return to						
A1) A2) 2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252								
A1) A2) 2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252								
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	A1)					*		
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	A2)							
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	,							
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252								
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	A1)		•					
2. Qualifying Oklahoma capital gain from installment sales reported on Federal Schedule D, line 11. Provide a copy of Federal Form 6252	Δ2)							
Provide a copy of Federal Form 6252	72,							
Provide a copy of Federal Form 6252					`			
not included on line 2 above. Provide a copy of the applicable Federal form(s)	2.						2	
or trusts reported on Federal Schedule D, line 12. (Complete the worksheet on page 2 and provide a copy of the Federal Schedule K-1)	3.						3	
provide a copy of the Federal Schedule K-1)	4.	Qualifying Oklahoma net capital	gain or (loss) from	partnerships, S	corporations, and of	ther estates		
D, line 14. Provide a copy of Federal Form 4797 (If gain/loss is from a Federal K-1, complete the worksheet on page 2 and provide a copy of the Federal Schedule K-1)							4	
the worksheet on page 2 and provide a copy of the Federal Schedule K-1)	5.	Qualifying Oklahoma net capital	gain from sale of l	ousiness property	reported on Federa	al Schedule		
6. Add amounts in Column F on line 1 and lines 2 through 5							5	94,000
8. Qualifying Oklahoma net capital gain. Subtract line 7 from line 6. (If zero or less, enter "0")	6.		• •					94,000
8. Qualifying Oklahoma net capital gain. Subtract line 7 from line 6. (If zero or less, enter "0")	-	O collision Oldel		od on Foderal Oct	andula D. lima 45		7	-
9. Net capital gain included in Oklahoma income (If zero or less, enter "0")		, ,	•		ieaule D, IINê 15		 	
(If zero or less, enter "0")	8.	Qualifying Oklahoma net capital (If zero or less, enter "0")	gain. Subtract line	e / trom line 6.		······································	8	94,000
	9.						9	94,000
, , ,	10.						10	94,000