

Test Scenario 2 uses Federal Form 1041 Test Scenario #2

### **Black and Orange Trust**

#### **Deviations from Test Package Federal Form 1041:**

- Change the Federal Employer Identification Number to 11-4000002
- Schedule C #2 'Blacksmith' has net income of \$97,324 and is located at 500 Test Drive, Stillwater, OK 74074
- Farm from Schedule F has a net loss of \$19,500 and is located at Stillwater, OK 74074
- Complete the paid preparer section of the return.

**Forms Required:** 513NR

#### **Misc. Information:**

- Trust is a nonresident trust
- The entity was created on 10/1/2012.
- A return was filed last year.
- An extension payment of \$1,200 was made.
- The refund should be by direct deposit into an Oklahoma checking account with the following information:
  - Routing number – 303085418
  - Account number – 101001234
- Check the box that allows Oklahoma Tax Commission to discuss the return with the preparer.





# OKLAHOMA NONRESIDENT FIDUCIARY RETURN OF INCOME

Name of estate or trust: <b>BLACK AND ORANGE TRUST</b>	Federal Employer Identification Number: <b>11-4000002</b>
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		<b>Column B</b>	
		<b>Oklahoma Amount</b>	
25	Taxable income of fiduciary (Amount shown on line 24, Column B).....25	(300)	00
26	Tax on amount on line 25 (from tax table - see instructions) <b>(this is your base tax)</b> .....26	0	00
27	Oklahoma percentage (enter percentage from line 19).....27		%
28	Multiply line 26 by line 27 <b>(this is your Oklahoma state income tax)</b> If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box.... <input type="checkbox"/> ..28		00
29	Credits: Enter number in box for type of credit. Provide Form 511CR. (See instructions) ... <input type="checkbox"/> ..29		00
30	Balance of tax due (subtract line 29 from line 28, but not less than zero).....30	0	00
31	2017 Okla. estimated tax payments (i.e. Form(s) OW-8-ESC) .....31	00	
32	Amount paid with extension request.....32	1,200	00
33	Oklahoma Withholding (provide Form 1099, 500-B or other withholding statement) ....33	00	
34	Refundable Credits from Form .....a) <input type="checkbox"/> 577..... b) <input type="checkbox"/> 578 .....34	00	
35	Amount paid with original return and amount paid after it was filed (amended return only) .....35	00	
36	Any refunds or overpayment applied (amended return only) .....36 ( ) 00		
37	Total of lines 31 through 36 .....37	1,200	00
38	If line 37 is larger than line 30, enter amount <b>overpaid</b> .....38	1,200	00
39	Amount of line 38 to be credited to 2018 estimated tax (original return only) ...39 <input type="checkbox"/> 00		
40	Amount of line 38 to be refunded to you..... <b>Refund</b> → 40	1,200	00

**Want a Faster Refund?** → Is this refund going to or through an account that is located outside of the United States?  Yes  No

Elect to have your refund directly deposited into your checking or savings account.

Deposit my refund in my:  checking account  savings account

For Direct Deposit information, see page 16 of the 513NR Packet.

Routing Number:

Account Number:

41	If line 30 is larger than line 37 enter tax due ..... <b>Tax Due</b> → 41	00
42	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/> 42	00
43	For delinquent payment, add penalty of 5%..... \$ ..... plus interest at 1.25% per month ..... \$ .....43	00
44	Total tax, penalty and interest (add lines 41, 42 and 43)..... <b>Balance Due</b> → 44	00

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  **Make check payable to the 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 of which preparer has any knowledge.

Signature of Fiduciary _____ Date _____		Signature of Preparer _____ Date _____	
Printed Name of Fiduciary <b>JOHN DOE</b>		Printed Name of Preparer <b>BILL TAXPREPARER</b>	
Title of Fiduciary <b>FIDUCIARY</b>	Phone Number	Phone Number <b>888-555-1212</b>	Preparer's PTIN <b>P22222222</b>



<b>Form 513NR - page 3</b> <b>Oklahoma</b> <b>Schedule K-1</b>	<b>PART 2: BENEFICIARY'S SHARE OF</b> <b>INCOME AND DEDUCTIONS</b>	<b>2017</b>
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For calendar year 2017 or fiscal year beginning _____, 2017 and ending _____, _____.	<input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Final K-1 <input checked="" type="checkbox"/> Nonresident
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Name of estate or trust <b>BLACK AND ORANGE TRUST</b>	
Beneficiary's FEIN/SSN <b>452-00-4321</b>	Estate's or trust's Federal Employer Identification Number <b>11-4000002</b>
Beneficiary's name, address and ZIP <b>JOHN BLUE</b> <b>500 TEST DRIVE</b> <b>OMAHA, NE 68701</b>	Fiduciary's name, address and ZIP <b>JOHN DOE, FIDUCIARY</b> <b>500 TEST STREET</b> <b>MARION AL 36756</b>

Income		FEDERAL	OKLAHOMA
1	Interest .....	12,500	
2	Dividends.....		
3	Short-term capital gain (or loss) .....		
4	Long-term capital gain (or loss).....		
5	Other taxable income:		
	a. Annuities, royalties and other nonbusiness income .....		
	b. Trade or business, rental real estate and other business income .....	52,311	38,112
6	State, municipal interest .....		
7	U.S. interest.....		

Deductions			
8	a. Depreciation, depletion, amortization attributable to line 5a .....		
	b. Depreciation, depletion, amortization attributable to line 5b .....		
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.....		
	b. Net operating loss carryover .....		
12	Withholding.....		
13	Other:		
	a. _____ 13a		
	b. _____ 13b		
	c. _____ 13c		
	d. _____ 13d		
	e. _____ 13e		
	f. _____ 13f		
	g. _____ 13g		



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For calendar year 2017 or fiscal year beginning _____, 2017 and ending _____, _____	<input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Final K-1 <input checked="" type="checkbox"/> Nonresident
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Name of estate or trust  
**BLACK AND ORANGE TRUST**

Beneficiary's FEIN/SSN <b>452-00-1234</b>	Estate's or trust's Federal Employer Identification Number <b>11-4000002</b>
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Beneficiary's name, address and ZIP <b>JOHN GOLD</b> <b>1500 TEST DRIVE</b> <b>FORT DODGE, IA 50501</b>	Fiduciary's name, address and ZIP <b>JOHN DOE, FIDUCIARY</b> <b>500 TEST STREET</b> <b>MARION AL 36756</b>
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Income		FEDERAL	OKLAHOMA
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	b. Net operating loss carryover .....		
12	Withholding.....		
13	Other:		
	a. ....		
	b. ....		
	c. ....		
	d. ....		
	e. ....		
	f. ....		
	g. ....		