

CORPORATION INCOME AND FRANCHISE TAX RETURN

State of Oklahoma

If this is a final return, place an 'X' here:

AMENDED RETURN!
If this is an Amended Return place an 'X' here
See Schedule 512-X on page 10.

For the year January 1 - December 31, 2017, or other taxable year beginning: , 2017 , ending: ,

Name of Corporation:
Street Address:
City, State or Province, Country and ZIP or Foreign Postal Code:

A. Federal Employer Identification Number
B. Business Code Number

State of Incorp
 Okla Other

Extension
If you have applied for an extension from the IRS, place an 'X' here and provide a copy.

Type of Return Filed
Oklahoma or (page 3 of instructions)
Federal or

Notice: Corporations that filed a Form 200-F electing to file a combined corporate income and franchise tax return should:

- Complete Sections One, Two and Three on pages 1 and 2.
- Complete the applicable income tax schedules on pages 3-5.
- Complete the applicable franchise tax schedules on pages 6-9.
- NOT have remitted the maximum amount of franchise tax for the preceding tax year.

Corporations filing a stand-alone Oklahoma Annual Franchise Tax Return (Form 200) or who are not required to file a franchise tax return should:

- Complete Sections One and Three on pages 1 and 2.
- Complete the applicable income tax schedules on pages 3, 4 and 5.
- NOT complete the franchise tax portion of the return.

Notice: Enter the amount of Oklahoma net operating loss as shown on Part 1, line 29(a) or Part 2, line 6(d) **Loss year(s):** \$.00

SECTION ONE: INCOME TAX

1	Oklahoma taxable income (as shown on Part 1 or 2, or if consolidated, from Form 512-TI)	1		00
2	Tax: 6% of line 1 (If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "1" in the box)	2	<input type="text"/>	00
3	Less: Other Credits Form (total from Form 511CR) (see instructions)	3	<input type="text"/>	00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4		00
5	2017 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC)	5		00
6	Amount paid with extension request	6		00
7	Oklahoma withholding (provide Form 1099, 500-A or other withholding statement)	7		00
8	Refundable Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 578	8		00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9		00
10	Any refunds or overpayment applied (amended return only)	10	(<input type="text"/>)	00
11	Total of lines 5 through 10	11		00
12	Overpayment (line 11 minus line 4)	12	Overpayment →	00
13	Tax Due (line 4 minus line 11)	13	Income Tax Due →	00
14	Donation: Support the Oklahoma General Revenue Fund	14		00
15	Underpayment of estimated tax interest	15	Annualized <input type="checkbox"/>	00
16	For delinquent payment add penalty of 5% \$ plus interest of 1.25% per month \$	16		00
17	Total tax, penalty and interest (add lines 13 - 16)	17	Income Tax Balance Due →	00

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Barcode Placeholder

Name shown on Form 512:

Federal Employer Identification Number:

SECTION TWO: FRANCHISE TAX

Place an "X" here if filing a combined corporate income and franchise tax return and complete Section Two. Corporations filing a Form 200 will skip Section Two and complete Section Three.

To complete lines 18 - 25, use the figures from page 6, lines 12-19 or, if consolidated, use Form 512-FT.

18	Tax.....	18		00
19	Registered Agents Fee.....	19		00
20	Interest.....	20		00
21	Penalty.....	21		00
22	Reinstatement Fee.....	22		00
23	Previous Payment.....	23	()	00
24	Overpayment..... Franchise Tax Overpayment →	24		00
25	Total Due..... Franchise Tax Balance →	25		00

SECTION THREE: TOTAL

All corporations complete Section Three. Combine Income Tax and Franchise Tax. If there is a net balance due, complete line 26. If there is a net overpayment, complete lines 27-31.

Balance Due

26 Total Balance Due..... Balance Due → 26 00

Overpayment

27 Total Overpayment..... 27 00

28 Amount of line 27 to be credited to 2018 estimated income tax (original return only)..... 28 00

Line 29 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the line 29 instructions in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

29 Donations from your refund.... \$2 \$5 \$ _____ 29 00

30 Total (add lines 28 and 29)..... 30 00

31 Amount of line 27 to be refunded to you (line 27 minus line 30)..... Refund → 31 00

Direct Deposit Note:

All refunds must be by direct deposit. See Direct Deposit Information on page 12 of the 512 Packet for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my: checking account savings account

Routing Number: Account Number:

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here:

Under penalties of perjury, I declare I have examined this return, including any accompanying schedules and 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.

Make check payable to the Oklahoma Tax Commission

Corporate Seal	Signature of Officer	Date	Signature of Preparer	Date
	Printed Name of Officer		Printed Name of Preparer	
	Title	Phone Number	Phone Number	Preparer's PTIN

Barcode Placeholder

Name shown on Form 512:

Federal Employer Identification Number:

PART 1

Part 1, Column B is for corporations whose income is all within Oklahoma and/or for corporations whose income is partly within and partly without Oklahoma (not unitary). Provide a complete copy of your Federal return.

Important: All applicable lines and schedules must be filled in.

Gross Income (lines 1 through 11)		Column A As reported on Federal Return	Column B Total applicable to Oklahoma
1	Gross receipts or gross sales _____ (less: returns and allowances)		1
2	Less: Cost of goods sold		2
3	Gross profit (line 1 minus line 2)		3
4	Dividends		4
5	Interest on obligations of the United States and U.S. Instrumentalities		5
6	(a) Other interest		6a
	(b) Municipal interest		6b
7	Gross rents		7
8	Gross royalties		8
9	(a) Net capital gains		9a
	(b) Ordinary gain or [loss]		9b
10	Other income (provide schedule)		10
11	Total income (add lines 3 through 10)		11
Deductions (lines 12 through 27)			
12	Compensation of officers		12
13	Salaries and wages		13
14	Repairs		14
15	Bad debts		15
16	Rents		16
17	Taxes		17
18	Interest		18
19	Charitable Contributions		19
20	Depreciation		20
21	Depletion (see instructions below)		21
22	Advertising		22
23	Pension, profit-sharing plans, etc.		23
24	Employee benefit programs		24
25	Domestic production activities deduction		25
26	Other deductions (provide schedule)		26
27	Total Deductions (add lines 12 through 26)		27
Totals (lines 28 through 30)			
28	Taxable income before net operating loss deductions and special deductions		28
29	Less: (a) Net operating loss deduction (schedule)		29a
	(b) Special deductions		29b
30	Taxable income (line 28 minus lines 29a & b). Enter Column B on page 1, line 1		30

Note: Indicate method used to allocate expenses to Oklahoma and provide schedule of computations.

OKLAHOMA DEPLETION IN LIEU OF FEDERAL DEPLETION - Oklahoma depletion on oil and gas may be computed at 22% of gross income derived from each Oklahoma property during the taxable year. Major oil companies, as defined in 52 Oklahoma Statutes Section 288.2, when computing Oklahoma depletion shall be limited to 50% of the net income (computed without the allowance for depletion) from each property. **Depletion schedule by property must be provided with return.**
Note: General and administrative expense (computed on basis of Oklahoma direct expense to total direct expense) must be deducted before applying the 50% test.

ADDITIONAL INFORMATION

Location of Principal Accounting Records

Address _____ City _____ State _____ Zip _____

Has the Internal Revenue Service redetermined your tax liability for prior years? Yes No What years? _____

Did you file amended returns for the years stated above? Yes No N/A

Has the statute of limitations been extended by consent for any prior years? Yes No What years? _____

Business name _____ Date business began in Oklahoma _____

Principal location(s) in Oklahoma _____

Give name, address and relationship of all affiliated corporations - provide Federal Form 851 _____



Name shown on Form 512:

Federal Employer Identification Number:

PART 2 Part 2 is for computation of Oklahoma taxable income of a unitary enterprise. [Section 2358(A)(5)] Provide a complete copy of your Federal return.

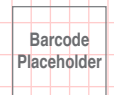
1	Net taxable income from Part 1, Column A, line 30.....		1	\$
2	Add: (a) Taxes based on income.....2a	\$		
	(b) Federal net operating loss deduction.....2b			
	(c) Unallowable deduction (provide schedule).....2c			
	(d).....2d			
	(e).....2e			
	(f) Total of lines 2a through 2e.....		2f	\$
3	Deduct all items separately allocated			
	(a).....3a	\$		
	(b).....3b			
	(c).....3c			
	(d).....3d			
	(e).....3e			
	(f) Total of lines 3a through 3e.....		3f	\$
	(Note: Items listed in 2 and 3 above must be net amounts supported by schedules showing source, location, expenses, etc.)			
4	Net apportionable income.....		4	\$
5	Oklahoma's portion thereof _____%, from schedule below.....		5	\$
6	Add or deduct items separately allocated to Oklahoma (provide schedule)			
	(a).....6a	\$		
	(b).....6b			
	(c).....6c			
	(d) Oklahoma net operating loss deduction.....6d	()		
7	Oklahoma net income before tax (add lines 5 and 6).....		7	\$
8	Oklahoma accrued tax (see instructions).....		8	\$
9	Oklahoma taxable income, line 7 less line 8 (enter on page 1, line 1).....		9	\$

APPORTIONMENT FORMULA

	Column A Total Within Oklahoma	Column B Total Within and Without Oklahoma	Column C (A divided by B) Percent Within Oklahoma
1	Value of real and tangible personal property used in the unitary business (by averaging the value at the beginning and ending of the tax period).		
(a)	Owned property (at original cost):		
(i)	Inventories.....1ai		
(ii)	Depreciable property.....1aaii		
(iii)	Land.....1aaiii		
(iv)	Total of section "a".....1aiv		
(b)	Rented property (capitalize at 8 times net rental paid).....1b		
(c)	Total of sections "a" and "b" above.....	\$	1c %
2	(a) Payroll.....2a		
(b)	Less: Officer salaries.....2b		
(c)	Total (subtract officer salaries from payroll).....	\$	2c %
3	Sales:		
(a)	Sales delivered or shipped to Oklahoma purchasers:		
(i)	Shipped from outside Oklahoma.....3ai		
(ii)	Shipped from within Oklahoma.....3aii		
(b)	Sales shipped from Oklahoma to:		
(i)	The United States Government.....3bi		
(ii)	Purchasers in a state or country where the corporation is not taxable (i.e. under Public Law 86-272)3bii		
(c)	Total all of sections "a" and "b".....	\$	3c %
4	If Revenue, Traffic Units or Miles Traveled is used rather than Sales, indicate here: _____		
5	Total percent (sum of items 1, 2 and 3).....	5	%
6	Average percent (1/3 of total percent) (Carry to Part 2, line 5).....	6	%

Name shown on Form 512:

Federal Employer Identification Number:



PART 3 BALANCE SHEETS		BEGINNING OF TAXABLE YEAR		END OF TAXABLE YEAR	
		(A) Amount	(B) Total	(C) Amount	(D) Total
1	Cash.....1				
2	Trade notes and accounts receivable2				
	(a) Less allowance for bad debts2a				
3	Inventories3				
4	Gov't obligations:				
	(a) U.S. and instrumentalities.....4a				
	(b) State, subdivision, thereof, etc4b				
5	Other current assets (provide schedule).....5				
6	Loans to shareholders6				
7	Mortgage and real estate loans7				
8	Other investments (provide schedule)8				
9	Buildings and other fixed depreciable assets..9				
	(a) Less accumulated depreciation9a				
10	Depletable assets10				
	(a) Less accumulated depletion10a				
11	Land (net of any amortization)11				
12	Intangible assets (amortization only)12				
	(a) Less accumulated amortization12a				
13	Other assets (provide schedule)13				
14	Total assets14				
15	Accounts payable.....15				
16	Mtgs-notes-bonds payable in less than 1 yr...16				
17	Other current liabilities (provide schedule)...17				
18	Loans from shareholders18				
19	Mtgs-notes-bonds payable in 1 yr. or more...19				
20	Other liabilities (provide schedule)20				
21	Capital stock: (a) preferred stock21a				
	(b) common stock.....21b				
22	Paid-in capital surplus (provide reconciliation).....22				
23	Retained earnings-appropriated (provide sch.) ..23				
24	Retained earnings-unappropriated24				
25	Adjustments to shareholders' equity (provide sch.) 25				
26	Less cost of treasury stock26		()		()
27	Total liabilities and shareholders' equity.....27				

SCHEDULE OK M-1: RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN

1	Net income (loss) per books1		7	Income recorded on books this year not included in this return (provide schedule)	
2	Federal income tax2			(a) Tax exempt interest \$ _____	
3	Excess of capital losses over capital gains..3			(b) Other \$ _____	
4	Taxable income not recorded on books this year (provide schedule)4			(c) Total of lines 7a and 7b7c	
5	Expenses recorded on books this year not deducted in this return (provide schedule)		8	Deductions in this tax return not charged against book income this year (provide schedule)	
	(a) Depreciation \$ _____			(a) Depreciation \$ _____	
	(b) Depletion \$ _____			(b) Depletion \$ _____	
	(c) Other _____			(c) Other _____	
	(d) Total of lines 5a, 5b and 5c.....5d			(d) Total of lines 8a, 8b and 8c8d	
6	Total of lines 1 through 4 and 5d.....6		9	Total of lines 7c and 8d.....9	
			10	Net income: line 6 less line 9.....10	

SCHEDULE OK M-2: ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (line 24 above)

1	Balance at beginning of year1		5	Distributions: (a) Cash5a	
2	Net income (loss) per books2			(b) Stock.....5b	
3	Other increases (provide schedule)			(c) Property5c	
	_____3		6	Other decreases (provide schedule)	
	_____3			_____6	
4	Total of lines 1, 2 and 3.....4		7	Total of lines 5 and 67	
			8	Balance at end of year (line 4 less line 7)8	

FRANCHISE TAX WORKSHEET

A. Taxpayer FEIN	B. Account Number
	-OFFICE USE ONLY-

C. Mailing Address Change

Name
Address
City, State or Province, Country and Postal Code

C. New Mailing Address
City, State or Province, Country and Postal Code

D. Balance Sheet Date (MM/DD/YY)

1. Total Net Assets in Oklahoma (Franchise Tax Balance Sheet: Line 15, Column B)..... 1
2. Total Net Assets (Franchise Tax Balance Sheet: Line 15, Column A)
If all assets are in Oklahoma, enter "0" 2
3. Total Current Liabilities (Franchise Tax Balance Sheet: Line 23)
If line 2 is zero, complete line 4. If line 2 is not zero, complete lines 5-11 3
4. Capital Employed in Oklahoma (line 1 minus line 3)
Round to next highest \$1000. If line 4 is completed, skip to line 12 4
5. Total Gross Business Done by Corporation in Oklahoma
(Franchise Tax Balance Sheet: Line 34) 5
6. Total Value of Assets and Business Done in Oklahoma (Total of lines 1 and 5) 6
7. Total Gross Business Done by Corporation (Franchise Tax Balance Sheet: Line 33) 7
8. Total Value of Assets and Business Done (Total of lines 2 and 7)..... 8
9. Percentage of Oklahoma Assets (See instructions)
Check appropriate Box: Option 1 Option 2 9
10. Value of Capital Subject to Apportionment (Line 2 minus line 3)..... 10
11. Capital Apportioned to Oklahoma (Line 10 multiplied by line 9)
Round to the next highest \$1000 11
12. Tax (See instructions) (If less than \$250, enter 0)..... 12 =
13. Registered Agents Fee (\$100.00 - See instructions)..... 13 +
14. Interest 14 +
15. Penalty 15 +
16. Reinstatement Fee (\$150.00 - See instructions)..... 16 +
17. Previous Payment 17 -
18. Overpayment..... 18 =
19. **Total Due** 19 =

	DOLLARS	CENTS
		00
		00
		00
		00
		00
		00
		00
		00
		%
		00
		00

	DOLLARS	CENTS
		00
		00

FRANCHISE TAX SCHEDULE A: CURRENT OFFICER INFORMATION

NOTE: Inclusion of Officers Is Mandatory.

Taxpayer Name	FEIN	Account Number
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CORPORATE OFFICERS EFFECTIVE AS OF _____ ARE AS FOLLOWS:

(Date)

Schedule A: Current Officer Information

The officers listed below should be those whose term was in effect as of the close of the income tax year. Be sure to include names, addresses, and **Social Security Numbers**.

1. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
2. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
3. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title
4. Name (First, MI, Last)	Social Security Number
Home Address (street and number)	Daytime Phone (area code and number)
City, State or Province, Country and Postal Code	Title

Please include Social Security Numbers of officers.

710:1-3-6. Use of Federal Employer Identification Numbers and other identification numbers mandatory

All returns, applications, and forms required to be filed with the Oklahoma Tax Commission in the administration of this State's tax laws shall bear the **Federal Employer's Identification Number(s)**, the **Taxpayer Identification Number**, and/or other government issued identification number of the person, firm, or corporation filing the item and of all persons required by law or agency rule to be named or listed.

[Source: Amended at 32 Ok Reg 1330, eff 8-27-15]

710:1-3-8. Confidentiality of records

All Federal Employer's Identification and/or Social Security Account Numbers are deemed to be included in the confidential records of the Commission.



FRANCHISE TAX BALANCE SHEET

SCHEDULE E

Taxpayer Name	FEIN	As of the Last Income Tax Year Ended: (MM/DD/YY)
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This page contains the Balance Sheet which completes the Oklahoma Annual Franchise Tax Return.

ASSETS	COLUMN A	COLUMN B	LIABILITIES AND STOCKHOLDERS' EQUITY	COLUMN C
	Total Everywhere as per Books of Account. If all Property is in Oklahoma, Do Not Use this Column.	Total in Oklahoma as per Books of Account.		Total Everywhere as per Books of Account.
1. Cash	_____	_____	19. Accounts payable	_____
2. Notes and accounts receivable	_____	_____	20. Accrued payables	_____
3. Inventories	_____	_____	21. Indebtedness payable three years or less after issuance (see schedule D)	_____
4. Government obligations and other bonds	_____	_____	22. Other current liabilities	_____
5. Other current assets (please provide schedule)	_____	_____	23. Total Current Liabilities	_____
6. Total Current Assets (add lines 1A-5A and 1B-5B)	_____	_____	(Lines: 19-22)	
7. Mortgage and real estate loans	_____	_____	24. Inter-company payables	
8. Other investments (please provide schedule)	_____	_____	(a) To parent company	_____
9. (a) Building	_____	_____	(b) To subsidiary company	_____
(b) Less accumulated depreciation	_____	_____	(c) To affiliated company	_____
10. (a) Fixed depreciable assets	_____	_____	25. Indebtedness maturing and payable in more than three years from the date of issu- ance	_____
(b) Less accumulated depreciation	_____	_____	26. Loans from stockholders not payable within three years	_____
11. (a) Depletable assets	_____	_____	27. Other liabilities	_____
(b) Less accumulated depletion	_____	_____	28. Capital Stock	
12. Land	_____	_____	(a) Preferred stock	_____
13. (a) Intangible assets	_____	_____	(b) Common Stock	_____
(b) Less accumulated amortization	_____	_____	29. Paid-in or capital surplus (provide reconciliation)	_____
14. Other assets	_____	_____	30. Retained earnings	_____
15. Net Assets	_____	_____	31. Other capital accounts	_____
(Lines: 6-14)			32. Total Liabilities and Stockholders' Equity	_____
16. Inter-company receivables:			(Lines: 23-31)	
(a) From parent company	_____	_____	33. Total gross business done everywhere (sales and service)	_____
(b) From subsidiary company	_____	_____	(from income tax return)	
(c) From affiliated company	_____	_____	34. Total gross business done in Oklahoma (sales and service)	_____
17. Bank holding company stock in subsidiary bank	_____	_____	(from income tax return)	
18. TOTAL ASSETS	_____	_____		
(Lines: 15-17)				



Name shown on Form 512:

Federal Employer Identification Number:

SCHEDULE 512-X: AMENDED RETURN SCHEDULE

A Did you file an amended Federal income tax return? Yes No

Provide a copy of IRS Form 1120X or 1139 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):

Multiple horizontal lines for providing an explanation or reason for the amended return.

INSTRUCTIONS FOR FILING AN AMENDED RETURN

Beginning with tax year 2013, use Form 512 to file an amended return. Do not use Form 512X. Form 512X will be used to file an amended return for tax year 2012 and prior.

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 9. Enter any refund previously received or overpayment applied on line 10. Complete the Amended Return Schedule, Schedule 512-X above.

Provide Form 1120X or 1139 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.