$1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 10\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 20\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 30\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 40\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 50\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 70\ 1\ 2\ 3\ 4\ 5\ 6\ 7\ 8\ 9\ 80\ 1$ Barcode Placeholder State of Oklahoma SUPPLEMENTAL SCHEDULE FOR 514-SUP FORM 514, PART 5 NOTE: Place Form(s) 514-SUP immediately after Form 514, page 4. Make note of the number of Forms 514-SUP that are included in the partnership return (e.g. If there are five Forms 514-SUP, the second Form 514-SUP would have 2 of 5 shown in the Page section below.) Name of Partnership FEIN Page **PARTNER PARTNER PARTNER** 2 0 Name and address of each partner Name: Address: City, State, ZIP: SSN or FEIN Percentage of Partnership Owned 3 0 Distributable Federal Income Distributable Oklahoma Income (see instructions) Guaranteed Payments (Federal) Guaranteed Payments (Oklahoma) Oil and Gas Depletion (Federal) Oil and Gas Depletion (Oklahoma) **Amount of Credit** Type of Credit Amount of Withholding 5 0 Type of Withholding NONRESIDENT PARTNER Is the Partner being included in Composite Yes No filing? (If Yes, complete Form 514-PT) 6 0

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