



CORPORATION INCOME 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 5.

For the year January 1 - December 31, 2015, or other taxable year beginning: , 2015 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

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

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

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

1	Oklahoma taxable income (as shown on Schedule A or B or, if consolidated, from Form 512-TI)	1	<input type="text"/>	00
2	Tax: 6% of line 1	2	<input type="text"/>	00
3	Less: Other Credits Form (total from Form 511CR) (see instructions)..... <input type="text"/>	3	<input type="text"/>	00
4	Balance of tax due (line 2 minus line 3, but not less than zero)	4	<input type="text"/>	00
5	2015 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC)	5	<input type="text"/>	00
6	Amount paid with extension request	6	<input type="text"/>	00
7	Oklahoma withholding (enclose Form 1099, 500-A or other withholding statement)	7	<input type="text"/>	00
8	Refundable Credits from Form a) <input type="checkbox"/> 577 b) <input type="checkbox"/> 578.....	8	<input type="text"/>	00
9	Amount paid with original return and amount paid after it was filed (amended return only)	9	<input type="text"/>	00
10	Any refunds or overpayment applied (amended return only)	10	<input type="text"/>	00
11	Total of lines 5 through 10	11	<input type="text"/>	00
12	Overpayment (line 11 minus line 4)	12	<input type="text"/>	00
13	Amount of line 12 to be credited to 2016 estimated tax (original return only) ...	13	<input type="text"/>	00
Line 13 instructions provide 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 14 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.				
14	Donations from your refund.... <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ . <input type="text"/>	14	<input type="text"/>	00
15	Total (add lines 13 and 14)	15	<input type="text"/>	00
16	Amount of line 12 to be refunded to you (line 12 minus line 15).....Refund \rightarrow	16	<input type="text"/>	00

Direct Deposit Note: \rightarrow
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:

17	Tax Due (line 4 minus line 11)	Tax Due \rightarrow	17	<input type="text"/>	00
18	Donation: Public School Classroom Support Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ ..		18	<input type="text"/>	00
19	Underpayment of estimated tax interest..... Annualized <input type="checkbox"/>		19	<input type="text"/>	00
20	For delinquent payment add penalty of 5%..... \$ _____ plus interest of 1.25% per month		20	<input type="text"/>	00
21	Total tax, donation, penalty and interest (add lines 17 - 20)..... Balance Due \rightarrow		21	<input type="text"/>	00

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 _____
	Title _____	Preparer's Address _____
	Phone Number _____	Preparer's PTIN _____

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