



OKLAHOMA NONRESIDENT/ PART-YEAR INCOME TAX RETURN

Your Social Security Number Place an 'X' in this box if this taxpayer is deceased

Spouse's Social Security Number (joint return only) Place an 'X' in this box if this taxpayer is deceased

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-G.

NAME AND ADDRESS PLEASE PRINT OR TYPE

Your first name, middle initial and last name

If a joint return, spouse's first name, middle initial and last name

Mailing address (number and street, including apartment number, rural route or PO Box)

City, State and ZIP

NOT REQUIRED TO FILE

Place an 'X' in this box if you do not have an Oklahoma filing requirement and are filing for refund of State withholding. (see instructions)

FILING STATUS

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
 • If spouse is also filing, list name and SSN in the boxes: Name: SSN:

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
 • Please list the year spouse died in box at right:

EXEMPTIONS

* NOTE: If claiming Special Exemption, see instructions on page 8 of 511NR Packet.

	REGULAR	* SPECIAL	BLIND
YOURSELF	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPOUSE	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF DEPENDENT CHILDREN	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF OTHER DEPENDENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD THE TOTALS FROM THE 4 BOXES. WRITE THE TOTAL IN THE BOX BELOW.

TOTAL

NOTE: IF YOU MAY BE CLAIMED AS A DEPENDENT ON ANOTHER RETURN, ENTER "0" FOR YOUR REGULAR EXEMPTION.

RESIDENCY STATUS

Nonresident(s) State of Residence:

Part-Year Resident(s) From to

Resident/Part-Year Resident/Nonresident
 State of Residence: Yourself Spouse

AGE 65 OR OVER? (Please see instructions) Yourself Spouse

Please Round to Nearest Whole Dollar

COMPLETE SCHEDULE 511NR-1 "INCOME ALLOCATION FOR NONRESIDENTS AND PART-YEAR RESIDENTS" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

1	Oklahoma source income (Schedule 511NR-1, line 18).....
2	Federal adjusted gross income (Schedule 511NR-1, line 19)
3	Oklahoma additions: Schedule 511NR-A, line 7.....
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)
5	Oklahoma subtractions: Schedule 511NR-B, line 15.....
6	Adjusted gross income: Okla. Source (line 4 minus line 5).....
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8 ...

FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	<input type="text"/>	1	<input type="text"/>
2	<input type="text"/>	2	<input type="text"/>
3	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	5	<input type="text"/>
6	<input type="text"/>	6	<input type="text"/>
7	<input type="text"/>	7	<input type="text"/>

Oklahoma Standard Deduction:

- Single or Married Filing Separate: \$6,300
- Married Filing Joint or Qualifying Widow(er): \$12,600
- Head of Household: \$9,250

Itemized Deductions: Enclose a copy of the Federal Schedule

8	Adjusted gross income: All Sources (from line 7)	8	<input type="text"/>
9	Oklahoma Adjustments (Schedule 511NR-C, line 7).....	9	<input type="text"/>
10	Income after adjustments (line 8 minus line 9)	10	<input type="text"/>
11	Oklahoma standard or Federal itemized deductions 11 <input type="text"/>	11	<input type="text"/>
12	Exemptions (\$1,000 x number of exemptions claimed above) 12 <input type="text"/>	12	<input type="text"/>
13	Total deductions and exemptions (add lines 11 and 12).....	13	<input type="text"/>
14	Oklahoma Taxable Income: (line 10 minus line 13).....	14	<input type="text"/>
15	Oklahoma Income Tax from Tax Table.....	15	<input type="text"/>
If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box.			
If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box. <input type="text"/>			
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-D.			
16	Oklahoma child care/child tax credit (see instructions)	16	<input type="text"/>
17	Subtract line 16 from line 15 (This is your tax base)(Do not enter less than zero)....	17	<input type="text"/>
18	Tax percentage: <input type="text"/> a) <input type="text"/> Federal Amount (from line 7) <input type="text"/> b) <input type="text"/>	18	<input type="text"/>
19	Oklahoma Income Tax. Multiply line 17 by line 18	19	<input type="text"/>