



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).

	FEDERAL AMOUNT	OKLAHOMA AMOUNT
1 Oklahoma source income (Schedule 511NR-1, line 18).....	<input type="text"/>	1 <input type="text"/> 00
2 Federal adjusted gross income (Schedule 511NR-1, line 19)	<input type="text"/> 00	2 <input type="text"/>
3 Oklahoma additions: Schedule 511NR-A, line 7.....	<input type="text"/> 00	3 <input type="text"/> 00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	<input type="text"/> 00	4 <input type="text"/> 00
5 Oklahoma subtractions: Schedule 511NR-B, line 15.....	<input type="text"/> 00	5 <input type="text"/> 00
6 Adjusted gross income: Okla. Source (line 4 minus line 5).....	<input type="text"/>	6 <input type="text"/> 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8 ...	<input type="text"/> 00	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: \$9,300 Itemized Deductions: Provide a copy of the Federal Schedule	8	Adjusted gross income: All Sources (from line 7)	8	<input type="text"/>	00	
	9	Oklahoma Adjustments (Schedule 511NR-C, line 7)	9	<input type="text"/>	00	
	10	Income after adjustments (line 8 minus line 9)	10	<input type="text"/>	00	
	11A	Federal itemized deductions from Federal Schedule A, line 29 .. 11A <input type="text"/>	00			
		(If you did not itemize, skip lines 11A and 11B; enter the Oklahoma standard deduction on line 11C)				
	11B	State and local sales or income taxes included in line 11A... 11B <input type="text"/>	00			
	11C	Oklahoma itemized deductions (line 11A minus line 11B) or Oklahoma standard deduction	11c			00
	12	Exemptions (\$1,000 x number of exemptions claimed above)	12	<input type="text"/>	00	
	13	Total deductions and exemptions (add lines 11C and 12)	13	<input type="text"/>	00	
	14	Oklahoma Taxable Income: (line 10 minus line 13)	14	<input type="text"/>	00	
	15	Oklahoma Income Tax from Tax Table.....	15	<input type="text"/>	00	
		If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box.		<input type="checkbox"/>		
		If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box.		<input type="checkbox"/>		00



2016 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: Your Social Security Number:

16 Amount from line 15 on page 1 16 00
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 17. If line 7 is smaller than line 2, see Schedule 511NR-D.
17 Oklahoma child care/child tax credit (see instructions) 17 00
18 Subtract line 17 from line 16 (This is your tax base)(Do not enter less than zero) 18 00
19 Tax percentage: Oklahoma Amount (from line 6) a) Federal Amount (from line 7) b) 19 %
20 Oklahoma Income Tax. Multiply line 18 by line 19 20 00
21 Oklahoma earned income credit (Sch. 511NR-E, line 4) 21 00
22 Credit for taxes paid to another state (provide Form 511TX) nonresidents do not qualify 22 00
23 Form 511CR - Other Credits Form - List 511CR line number claimed here: 23 00
24 Line 20 minus lines 21, 22 and 23 (Do not enter less than zero) 24 00
25 Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma 25 00
If you certify that no use tax is due, place an 'X' here:
26 Balance (add lines 24 and 25) 26 00
27 Oklahoma withholding (provide W-2s, 1099s or withholding statement) 27 00
28 2016 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: 28 00
29 2016 payment with extension 29 00
30 Credits from Form a) 577 b) 578 30 00
31 Amount paid with original return plus additional paid after it was filed (amended return only) 31 00
32 Payments and credits (add lines 27-31) 32 00
33 Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) 33 00
34 Total payments and credits (line 32 minus line 33) 34 00
35 If line 34 is more than line 26, subtract line 26 from line 34. This is your overpayment 35 00
36 Amount of line 35 to be applied to 2017 estimated tax (original return only) (see page 4 of 511NR Packet for further information) 36 00
Schedule 511NR-F provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511NR-F in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-F.
37 Donations from your refund (total from Schedule 511NR-F) 37 00
38 Total deductions from refund (add lines 36 and 37) 38 00
39 Amount to be refunded (line 35 minus line 38) 39 00

Direct Deposit Note: Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511NR Packet for direct deposit and debit card information.
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 Routing Number:
savings account Account Number:

40 If line 26 is more than line 34, subtract line 34 from line 26. This is your tax due 40 00
41 Underpayment of estimated tax interest (annualized installment method) 41 00
42 For delinquent payment add penalty of 5% plus interest of 1.25% per month 42 00
43 Total tax, donation, penalty and interest (add lines 40-42) 43 00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature Date Spouse's signature Date Paid Preparer's signature Date
Taxpayer's occupation Spouse's occupation Paid Preparer's address and phone number
Daytime Phone Number (optional)
A COPY OF FEDERAL RETURN MUST BE PROVIDED.
Paid Preparer's PTIN

Please remit to: Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, OK 73126-0800



NOTE: Provide this page with your return.

Name(s) shown on Form 511NR:

Your Social Security Number:

SCHEDULE 511NR-1

Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	Wages, salaries, tips, etc.....		00	1	00
2	Taxable interest income.....		00	2	00
3	Dividend income.....		00	3	00
4	Taxable refunds (state income tax).....		00	4	00
5	Alimony received.....		00	5	00
6	Business income or (loss) (Federal Schedule C).....		00	6	00
7	Capital gains or losses (Federal Schedule D).....		00	7	00
8	Other gains or losses (Federal Form 4797).....		00	8	00
9	Taxable IRA distribution.....		00	9	00
10	Taxable pensions and annuities.....		00	10	00
11	Rental real estate, royalties, partnerships, etc.....		00	11	00
12	Farm income or (loss).....		00	12	00
13	Unemployment compensation.....		00	13	00
14	Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)		00	14	00
15	Other income (identify: _____)		00	15	00
16	Add lines 1 through 15.....		00	16	00
17	Total Federal adjustments to income (identify: _____)		00	17	00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....			18	00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....		00	19	

SCHEDULE 511NR-A

Oklahoma Additions

See instructions for details on qualifications and required documents.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	State and municipal bond interest.....		00	1	00
2	Lump sum distributions (not included in your Federal AGI).....		00	2	00
3	Federal net operating loss.....		00	3	00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....		00	4	00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....		00	5	00
6	Miscellaneous: Other additions..... (enter number in box for the type of addition <input type="text"/>)		00	6	00
7	Total additions (add lines 1-6, enter total here and on line 3 of Form 511NR)		00	7	00



NOTE: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR:

Your Social Security Number:

SCHEDULE 511NR-B Oklahoma Subtractions See instructions for details on qualifications and required documents.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	Interest on U.S. government obligations		00	1	00
2	Taxable Social Security (from Schedule 511NR-1, line 14) ...		00	2	00
3	Federal civil service retirement in lieu of social security		00	3	00
	- Retirement Claim Number: <input type="text"/> TAXPAYER NUMBER <input type="text"/> SPOUSE NUMBER <input type="text"/>				
4	Military Retirement (see instructions for limitation)		00	4	00
5	Oklahoma government or Federal civil service retirement		00	5	00
6	Other retirement income		00	6	00
7	U.S. Railroad Retirement Board Benefits		00	7	00
8	Additional depletion		00	8	00
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/>)		00	9	00
10	Exempt tribal income		00	10	00
11	Gains from the sale of exempt government obligations		00	11	00
12	Nonresident military wages (provide W-2)		00	12	
13	Oklahoma Capital Gain Deduction (Provide Form 561NR)		00	13	00
14	Miscellaneous: Other subtractions (enter number in box for the type of deduction <input type="text"/>)		00	14	00
15	Total subtractions (add lines 1-14, enter total here and on line 5 of Form 511NR)		00	15	00

SCHEDULE 511NR-C Oklahoma Adjustments See instructions for details on qualifications and required documents.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	1		00
2	Qualifying disability deduction (residents and part-year residents only)	2		00
3	Qualified adoption expense	3		00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) ...	4		00
5	Deductions for providing foster care	5		00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction <input type="text"/>)	6		00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511NR)	7		00



NOTE: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR:

Your Social Security Number:

SCHEDULE 511NR-D Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.
Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return.
- or**
- 5% of the child tax credit allowed by the IRS Code.
This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit.....1		00	
2	Multiply line 1 by 20%.....2		00	
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit).....3		00	
4	Multiply line 3 by 5%.....4		00	
5	Enter the larger of line 2 or line 4.....5		00	
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%).....6		%	
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 17 of Form 511NR.....7		00	

SCHEDULE 511NR-E Earned Income Credit See instructions for details on qualifications and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.
Nonresidents do not qualify.

1	Federal earned income credit.....1		00
2	Multiply line 1 by 5%.....2		00
3	Divide the amount on line 6 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%).....3		%
4	Oklahoma earned income credit.....4 (multiply line 2 by line 3, enter total here and on line 21 of Form 511NR)		00



NOTE: Provide this page ONLY if you have an amount shown on a schedule or are filing an amended return.

Name(s) shown on Form 511NR:

Your Social Security Number:

SCHEDULE 511NR-F Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-F Information on page 24 of the 511NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511NR-F Information lists the mailing address to mail your donation to the organization.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 37 of Form 511NR, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at line 37 of Form 511NR.

Table with 5 rows and 7 columns for donation amounts and line numbers. Rows include: Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children, Support of the Oklahoma National Guard, Support of Programs for Regional Food Banks in Oklahoma, Y.M.C.A. Youth and Government Program, and Total donations.

SCHEDULE 511NR-G Amended Return Information

Did you file an amended Federal return? Yes [] No []

If Yes, provide a copy of the IRS Form 1040X or 1045 AND a copy of the IRS "Statement of Adjustment", IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.

Multiple horizontal lines for providing explanation of changes to income, deductions, and/or credits.