



# 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			
NUMBER OF OTHER DEPENDENTS			

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).....		1 <input type="text"/> 00
2 Federal adjusted gross income (Schedule 511NR-1, line 19) .....	<input type="text"/> 00	2 <input type="text"/> 00
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: <b>Okla. Source</b> (line 4 minus line 5) .....	<input type="text"/> 00	6 <input type="text"/> 00
7 Adjusted gross income: <b>All Sources</b> (line 4 minus line 5) Also enter on line 8 ...	<input type="text"/> 00	7 <input type="text"/> 00

Oklahoma  
Standard  
Deduction:  
• Single or  
Married Filing  
Separate:  
\$6,200

• Married  
Filing Joint  
or Qualifying  
Widow(er):  
\$12,400

• Head of  
Household:  
\$9,100

Itemized  
Deductions:  
Enclose a  
copy of the  
Federal  
Schedule

8 Adjusted gross income: <b>All Sources</b> (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
11 Oklahoma standard or Federal itemized deductions .....	11 <input type="text"/> 00
12 Exemptions (\$1,000 x number of exemptions claimed above) .....	12 <input type="text"/> 00
13 Total deductions and exemptions (add lines 11 and 12).....	13 <input type="text"/> 00
14 <b>Oklahoma Taxable Income:</b> (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. If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box. <input type="text"/>	
<b>STOP AND READ:</b> 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"/> 00
17 Subtract line 16 from line 15 (This is your tax base)(Do not enter less than zero)....	17 <input type="text"/> 00
18 Tax percentage: <b>Oklahoma Amount</b> (from line 6) <input type="text"/> ÷ <b>Federal Amount</b> (from line 7) <input type="text"/>	18 <input type="text"/> %
19 <b>Oklahoma Income Tax.</b> Multiply line 17 by line 18 .....	19 <input type="text"/> 00



## 2014 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

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

20	<b>Oklahoma Income Tax.</b> (from page 1, line 19) .....	20		00
21	Credit for taxes paid to another state (enclose Form 511TX) nonresidents do not qualify ..	21		00
22	Form 511CR - Other Credits Form - List 511CR line number claimed here: <input type="text"/> .....	22		00
23	Line 20 minus lines 21 and 22 ..... <b>(Do not enter less than zero)</b> ...	23		00
24	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma ..	24		00
	If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>			00
25	Balance (add lines 23 and 24) .....	25		00
26	Oklahoma withholding (enclose W-2s, 1099s or withholding statement) .....	26		00
27	2014 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/> .....	27		00
28	2014 payment with extension .....	28		00
29	Oklahoma earned income credit (Sch. 511NR-E, line 4) .....	29		00
30	Credits from Form.....a) <input type="checkbox"/> 577 .....b) <input type="checkbox"/> 578 .....	30		00
31	Amount paid with original return plus additional paid after it was filed (amended return only) .....	31		00
32	<b>Payments and credits</b> (add lines 26-31) .....	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	<b>Total payments and credits</b> (line 32 minus line 33) .....	34		00
35	If line 34 is more than line 25, subtract line 25 from line 34. This is your <b>overpayment</b> .....	35		00
36	Amount of line 35 to be applied to 2015 estimated tax <b>(original return only)</b> (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. Enclose Schedule 511NR-F. <input type="text"/>				
37	Donations from your refund (Sch. 511NR-F, line 12) .....	37		00
38	Total deductions from refund (add lines 36 and 37) .....	38		00
39	Amount to be <b>refunded</b> (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 accountRouting  
Number:☐ savings accountAccount  
Number:

40	If line 25 is more than line 34, subtract line 34 from line 25. This is your <b>tax due</b> .....	40		00
41	Donation: Eastern Red Cedar Revolving Fund <b>(original return only)</b> .....	41		00
42	Donation: Public School Classroom Support Fund <b>(original return only)</b> .....	42		00
43	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> ) .....	43		00
44	<b>For delinquent payment</b> add penalty of 5%..... \$ ..... plus interest of 1.25% per month..... \$ .....	44		00
45	<b>Total tax, donation, penalty and interest</b> (add lines 40-44) .....	45		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)		<b>A COPY OF FEDERAL RETURN MUST BE PROVIDED.</b>			Paid Preparer's PTIN

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

NOTE: Enclose 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	<b>Oklahoma source income</b> (line 16 minus line 17) Enter here and on page 1, line 1.....			18	00
19	<b>Federal adjusted gross income</b> (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 enclosures.

		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	<b>Total additions</b> ..... (add lines 1-6, enter total here and on line 3 of Form 511NR)		00	7	00

NOTE: Enclose 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 enclosures.

## 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: <div>TAXPAYER NUMBER</div> <div>SPOUSE NUMBER</div>					
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] <div></div> )		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 (enclose W-2) .....		00	12		
13	Oklahoma Capital Gain Deduction (Enclose Form 561NR) .....		00	13		00
14	Miscellaneous: Other subtractions (enter number in box for the type of deduction <div></div> )		00	14		00
15	<b>Total subtractions</b> (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 enclosures.

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 <div></div> ) .....	6		00
7	<b>Total Adjustments</b> (add lines 1-6, enter total here and on line 9 of Form 511NR) .....	7		00

**NOTE: Enclose 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 enclosures.

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 Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Enclose a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child <b>care</b> credit .....	1		00	
2	Multiply line 1 by 20% .....	2		00	
3	Enter your Federal child <b>tax</b> 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; margin: 10px 0;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 30px; 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 16 of Form 511NR .....	7		00	

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

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. Enclose 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; margin: 10px 0;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 30px; 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		00

**NOTE:** Enclose this page ONLY if you have an amount shown on a schedule.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 pages 24 and 25 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. If you are not receiving a refund and wish to donate to the Eastern Red Cedar Revolving Fund or the Public School Classroom Support Fund, please see line 41 or 42 of Form 511NR.

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.

1	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 1	<input type="text"/>	<input type="text"/> 00
2	Support of the Oklahoma National Guard .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 2	<input type="text"/>	<input type="text"/> 00
3	Support of Programs for Regional Food Banks in Oklahoma .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 3	<input type="text"/>	<input type="text"/> 00
4	Support Oklahoma Honor Flights .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 4	<input type="text"/>	<input type="text"/> 00
5	Eastern Red Cedar Revolving Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 5	<input type="text"/>	<input type="text"/> 00
6	Support of Domestic Violence and Sexual Assault Services .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 6	<input type="text"/>	<input type="text"/> 00
7	Support of Volunteer Fire Departments .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 7	<input type="text"/>	<input type="text"/> 00
8	Oklahoma Lupus Revolving Fund .....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 8	<input type="text"/>	<input type="text"/> 00
9	Oklahoma Sports Eye Safety Program.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 9	<input type="text"/>	<input type="text"/> 00
10	Historic Greenwood District Music Festival Fund ..	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 10	<input type="text"/>	<input type="text"/> 00
11	Public School Classroom Support Fund.....	<input type="checkbox"/> \$2	<input type="checkbox"/> \$5	<input type="checkbox"/> \$	... 11	<input type="text"/>	<input type="text"/> 00
12	<b>Total donations</b> (add lines 1-11, enter total here and on line 37 of Form 511NR..... 12					<input type="text"/>	<input type="text"/> 00

**SCHEDULE 511NR-G****Amended Return Information**Did you file an amended Federal return? Yes ☐ No ☐

If Yes, enclose a copy of the IRS Form 1040X or 1045 AND a copy of the "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, enclose a separate schedule.

---



---



---



---



---



---



---



---





# State of Oklahoma OTHER CREDITS FORM

Enclose this form and supporting documents with your Oklahoma tax return.

FORM **511CR** 2014

Name as shown on return:

Social Security Number:

-OR-

Federal Employer  
Identification Number:

Enter in **Column A** all unused carryover credits established in prior tax years but not used in any prior tax year.

Enter in **Column B** all credits established this tax year. This includes a credit generated this tax year; a credit transferred to you on a filed transfer agreement (Form 572) which may be claimed this tax year; and a credit, that once established, may be claimed over multiple years and you are claiming the subsequent years' credit (e.g. Investment/New Jobs Credit or Credit for Qualified Ethanol Facilities).

**Attention members of pass-through entities:** Enter your share of the pass-through entities' credit on the appropriate line for the type of credit. For example: Your share of the pass-through entities' Coal Credit would be entered on line 2.

**See instructions for details on qualifications and required enclosures.**

	A Unused Credit Carried Over from Prior Year(s)	B Credit Established During Current Tax Year	C Total Available Credit (A + B = C)
<b>1</b> Oklahoma Investment/New Jobs Credit (enclose Form 506)..... 1		00	00
<b>2</b> Coal Credit..... 2		00	00
<b>3</b> Credit for Investment in a Clean-Burning Motor Vehicle Fuel Property (enclose Form 567-A) Enter the number of Form(s) 567-A enclosed with this return for 3a and 3b ..... 3a Credit from Form 567-A, Part 1, Section A, line 3. (If completing multiple Forms 567-A; enter the total amounts from all Part 1, Section A, line 3.) ..... 3a 3b Credit from Form 567-A, Part 4, line 4 ..... 3b	Number of Form(s) 567-A 		
		00	00
<b>4</b> Credit for Investment in Qualified Electric Motor Vehicle Property (placed in service before July 1, 2010) . 4		00	00
<b>5</b> Small Business Capital Credit (enclose Form 527-A) ..... 5		00	00
<b>6</b> Oklahoma Agricultural Producers Credit (enclose Form 520) ..... 6		00	00
<b>7</b> Small Business Guaranty Fee Credit (enclose Form 529) ..... 7		00	00
<b>8</b> Credit for Qualified Recycling Facility ..... 8		00	00
<b>9</b> Credit for Employers Providing Child Care Programs ..... 9		00	00
<b>10</b> Credit for Entities in the Business of Providing Child Care Services ..... 10		00	00
<b>11</b> Credit for Commercial Space Industries ..... 11		00	00
<b>12</b> Credit for Tourism Development or Qualified Media Production Facility ..... 12		00	00
<b>13</b> Oklahoma Local Development and Enterprise Zone Incentive Leverage Act Credit ..... 13		00	00
<b>14</b> Credit for Qualified Rehabilitation Expenditures .... 14		00	00



# OTHER CREDITS FORM

Name as shown on return:		Social Security/Federal Employer Identification Number:		
		A Unused Credit Carried Over from Prior Year(s)	B Credit Established During Current Tax Year	C Total Allowable Credit (A + B)
<b>15</b>	Rural Small Business Capital Credit (enclose Form 526-A) ..... 15	00	Not Applicable	00
<b>16</b>	Credit for Electricity Generated by Zero-Emission Facilities ..... 16	00	00	00
<b>17</b>	Credit for Financial Institutions Making Loans under the Rural Economic Development Loan Act. 17	00	00	00
<b>18</b>	Credit for Manufacturers of Small Wind Turbines... 18	00	00	00
<b>19</b>	Credit for Qualified Ethanol Facilities ..... 19	Not Applicable	00	00
<b>20</b>	Poultry Litter Credit..... 20	00	Not Applicable	00
<b>21</b>	Volunteer Firefighter Credit (enclose COFT's Form, see instructions on page 5) ..... 21	Not Applicable	00	00
<b>22</b>	Credit for Qualified Biodiesel Facilities ..... 22	Not Applicable	00	00
<b>23</b>	Film or Music Project Credit (enclose Form 562).. 23	Not Applicable	00	00
<b>24</b>	Credit for Breeders of Specially Trained Canines... 24	00	Not Applicable	00
<b>25</b>	Credit for Wages Paid to an Injured Employee..... 25	Not Applicable	00	00
<b>26</b>	Credit for Modification Expenses Paid for an Injured Employee..... 26	Not Applicable	00	00
<b>27</b>	Dry Fire Hydrant Credit ..... 27	00	Not Applicable	00
<b>28</b>	Credit for the Construction of Energy Efficient Homes ..... 28	00	00	00
<b>29</b>	Credit for Railroad Modernization..... 29	00	00	00
<b>30</b>	Research and Development New Jobs Credit (enclose Form 563)..... 30	00	00	00
<b>31</b>	Credit for Stafford Loan Origination Fee (for banks & credit unions filing Form 512)..... 31	00	Not Applicable	00
<b>32</b>	Credit for Biomedical Research Contribution ..... 32	00	00	00
<b>33</b>	Credit for Employees in the Aerospace Sector (enclose Form 564)..... 33	00	00	00
<b>34</b>	Credits for Employers in the Aerospace Sector (enclose Form 565)..... 34	Not Applicable	00	00
<b>35</b>	Wire Transfer Fee Credit ..... 35	00	00	00
<b>36</b>	Credit for Manufacturers of Electric Vehicles..... 36	00	Not Applicable	00
<b>37</b>	Credit for Cancer Research Contribution ..... 37	00	00	00
<b>38</b>	Oklahoma Capital Investment Board Tax Credit..... 38	Not Applicable	00	00
<b>39</b>	Credit for Contributions to a Scholarship-Granting Organization ..... 39	00	00	00
<b>40</b>	Credit for Contributions to an Educational Improvement Grant Organization ..... 40	00	00	00
<b>41</b>	<b>Total</b> (add lines 1 through 40) ..... 41 Enter on the applicable line of income tax return and enter the number in the box for the type of credit. If more than one credit is claimed, enter "99" in the box.	00	00	00