

OKLAHOMA NONRESIDENT/ PART-YEAR INCOME TAX RETURN

2018



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

Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H

NAME AND ADDRESS PLEASE PRINT OR TYPE

Your first name, middle initial and last name
ANTHONY D GEORGE

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
FORT WORTH TX 76179

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

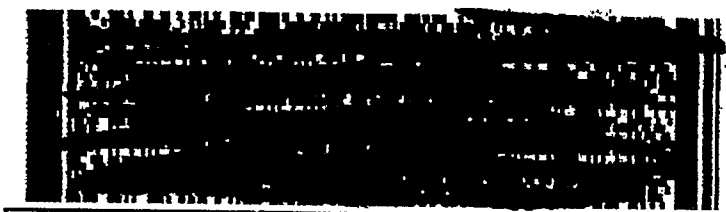
5 Qualifying widow(er) with dependent child
Please list the year spouse died in box at right: _____

RESIDENCY STATUS

Nonresident(s) State of Residence: _____

Part-Year Resident(s) From 01/01/2018 to 11/01/2018

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



NOT-REQUIRED TO FILE

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

EXEMPTIONS

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

	REGULAR	SPECIAL	BLIND
YOURSELF	X		
SPOUSE			

NUMBER OF DEPENDENTS

ADD THE TOTALS FROM THE 3 BOXES. WRITE THE TOTAL IN THE BOX BELOW.

TOTAL: 1

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

AGE 65 OR OVER (Please see instructions) Yourself Spouse

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 17)		19 00
2 Federal adjusted gross income (Schedule 511NR-1, line 18)	19 00	
3 Oklahoma additions: Schedule 511NR-A, line 7	0 00	
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	0 00	
5 Oklahoma subtractions: Schedule 511NR-B, line 16	0 00	
6 Adjusted gross income: Okla. Source (line 4 minus line 5)		0 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8...	0 00	

8 Adjusted gross income: All Sources (from line 7)		00
9 Oklahoma Adjustments (Schedule 511NR-C, line 7)		00
10 Income after adjustments (line 8 minus line 9)		00
11 Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)		00
12 Exemptions: Enter the total number of exemptions claimed above 1 X \$1,000		00
13 Total deductions and exemptions (add lines 11 and 12)		00
14 Oklahoma Taxable Income: (line 10 minus line 13)		00
15 Oklahoma Income Tax from Tax Table (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)		00
16 Oklahoma child care/child tax credit (see instructions)		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-E.



Name(s) shown on Form 511NR: ANTHONY GEORGE		Your Social Security Number: XXXXXXXXXX
18	Amount from line 17 on page 1	00
19	Tax percentage: Oklahoma Amount (from line 6) a) 0 Federal Amount (from line 7) b) 0	0.00%
20	Oklahoma Income Tax. Multiply line 18 by line 19 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box.	00
21	Oklahoma earned income credit (Sch. 511NR-F, line 4)	00
22	Credit for taxes paid to another state (provide Form 511TX) nonresidents do not qualify	00
23	Form 511CR - Other Credits Form - List 511CR line number claimed here: <input type="text"/>	0 00
24	Line 20 minus lines 21, 22 and 23 (Do not enter less than zero)	00
25	Use tax due on internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/>	00
26	Balance (add lines 24 and 25)	0 00
27	Oklahoma withholding (provide W-2s, 1099s or withholding statement)	1,048 00
28	2018 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/>	0 00
29	2018 payment with extension	0 00
30	Credits from Form.....a) <input type="text"/> 577b) <input type="text"/> 578	0 00
31	Amount paid with original return plus additional paid after it was filed (amended return only)	00
32	Payments and credits (add lines 27-31)	1,048 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)	00
34	Total payments and credits (line 32 minus line 33)	1,048 00
35	If line 34 is more than line 26, subtract line 26 from line 34. This is your overpayment	1,048 00
36	Amount of line 35 to be applied to 2019 estimated tax (original return only) (see page 4 of 511NR Packet for further information)	0 00
Schedule 511NR-G 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-G in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G.		
37	Donations from your refund (total from Schedule 511NR-G)	0 00
38	Total deductions from refund (add lines 36 and 37)	0 00
39	Amount to be refunded (line 35 minus line 38)	1,048 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 Savings Account

Routing Number: XXXXXXXXXX Account Number: XXXXXXXXXX

40	If line 26 is more than line 34, subtract line 34 from line 26. This is your tax due	00
41	Donation: Support the Oklahoma General Revenue Fund (original return only)	00
42	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	00
43	For delinquent payment add penalty of 5% plus interest of 1.25% per month	00
44	Total tax, donation, penalty and interest (add lines 40-43)	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: XXXXXXXXXX Date: 3-12-19 Taxpayer's occupation: Private Sector worker Daytime Phone Number (optional):	Spouse's signature: _____ Date: _____ Spouse's occupation: _____	Paid Preparer's signature: _____ Date: _____ Paid Preparer's address and phone number: _____ Paid Preparer's PTIN: _____
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A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Form **4852**
(Rev. September 2018)

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040X.

▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return
Anthony D. George

2 Your social security number
[REDACTED]

3 Address
[REDACTED] Fort Worth, Tx 76178

hereby

4 Enter year in space provided and check one box. For the tax year ending December 31, 2018
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Billfinger Westcon [REDACTED]

6 Employer's or payer's TIN (if known)
[REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a	Wages, tips, and other compensation	0	f	State income tax withheld	304.00
b	Social security wages	0		(Name of state) Oklahoma	
c	Medicare wages and tips	0	g	Local income tax withheld	n/a
d	Social security tips	0		(Name of locality) n/a	
e	Federal income tax withheld	85.87	h	Social security tax withheld	482.73
			i	Medicare tax withheld	112.90

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution		f	Federal income tax withheld	
b	Taxable amount		g	State income tax withheld	
c	Taxable amount not determined	<input type="checkbox"/>		(Name of state)	
d	Total distribution	<input type="checkbox"/>	h	Local income tax withheld	
e	Capital gain (included in line 8b)			(Name of locality)	
			i	Employee contributions	
			j	Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?

Records provided by payer listed on line 5 above. I did NOT receive any "wages" as defined in section 3121 (a) and 3401 (a)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

none

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040X

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1 Name(s) shown on return
Anthony D. George

2 Your social security number
[REDACTED]

3 Address
[REDACTED] **Worth, Tx 76114**

Hereby

4 Enter year in space provided and check one box. For the tax year ending December 31, 2018
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
PCI Industrial Construction Co. 2322 West [REDACTED]

6 Employer's or payer's TIN (if known)
[REDACTED]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>117.00</u>
b Social security wages	<u>0</u>	(Name of state)	<u>Oklahoma</u>
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	<u>n/a</u>
d Social security tips	<u>0</u>	(Name of locality)	<u>n/a</u>
e Federal income tax withheld	<u>141.80</u>	h Social security tax withheld	<u>248.59</u>
		i Medicare tax withheld	<u>58.14</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	<u> </u>	f Federal income tax withheld	<u> </u>
b Taxable amount	<u> </u>	g State income tax withheld	<u> </u>
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	<u> </u>
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	<u> </u>
e Capital gain (included in line 8b)	<u> </u>	(Name of locality)	<u> </u>
		i Employee contributions	<u> </u>
		j Distribution codes	<u> </u>

9 How did you determine the amounts on lines 7 and 8 above?

Records provided by payer listed on line 5 above. I did NOT receive any "wages" as defined in section 3121 (a) and 3401 (a)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
none

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(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040 or 1040X.

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OMB No. 1545-0074

1 Name(s) shown on return

Anthony D. George

2 Your social security number

3 Address

Port Worth, Tx 76178

4 Enter year in space provided and check one box. For the tax year ending December 31, 2018

I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

here by

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

Turner Industries Group, LLC

6 Employer's or payer's TIN (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a	Wages, tips, and other compensation	0	f	State income tax withheld	2801.48 / 627.00
b	Social security wages	0		(Name of state) LaOk	
c	Medicare wages and tips	0	g	Local income tax withheld	
d	Social security tips	0		(Name of locality)	
e	Federal income tax withheld	5153.53	h	Social security tax withheld	5224.63
			i	Medicare tax withheld	1221.69

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution		f	Federal income tax withheld	
b	Taxable amount		g	State income tax withheld	
c	Taxable amount not determined	<input type="checkbox"/>		(Name of state)	
d	Total distribution	<input type="checkbox"/>	h	Local income tax withheld	
e	Capital gain (included in line 8b)			(Name of locality)	
			i	Employee contributions	
			j	Distribution codes	

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Records provided by payer listed on line 5 above, I did NOT receive any "wages" as defined in section 3121 (a) and 3401 (a)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

none