

# OKLAHOMA RESIDENT INCOME TAX RETURN

Form 511  
2016



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

Spouse's Social Security Number  Place an 'X' in this box if this taxpayer is deceased →

**AMENDED RETURN**  
Place an 'X' in this box if this is an amended 511. See Schedule 511-A.

**NAME AND ADDRESS PLEASE PRINT OR TYPE**

Your first name, middle initial and last name  
S PHELPS

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

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 sufficient gross income to require you to file a Federal return. (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:

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

**EXEMPTIONS**

\* NOTE: If claiming Special Exemption, see instructions on page 7 of 511 Packet

	REGULAR	SPECIAL	BLIND
YOURSELF	X		
SPOUSE	X		
NUMBER OF DEPENDENT CHILDREN			3
NUMBER OF OTHER DEPENDENTS			0

ADD THE TOTALS FROM THE 4 ROWS  
WRITE THE TOTAL IN THE BOX BELOW  
TOTAL: 5

NOTE: If you may be claimed as a dependent on another return, enter '0' for your regular exemption.

## PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

		Round to Nearest Whole Dollar
1	Federal adjusted gross income (from Federal 1040, 1040A, or 1040EZ) .....	0 00
2	Oklahoma Subtractions (provide Schedule 511-A) .....	00
3	Line 1 minus line 2 .....	00
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions) .....	00
5	Line 3 minus line 4b .....	00
6	Oklahoma Additions (provide Schedule 511-B) .....	00
7	Oklahoma adjusted gross income (line 5 plus line 6) .....	00

## PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C) .....	00
9	Oklahoma income after adjustments (line 7 minus line 8) .....	00
<b>STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-D and do not complete lines 10-11.</b>		
10A	Federal itemized deductions from Federal Schedule A, line 29 ..... 10a <input type="text"/> 00 (If you did not itemize, skip lines 10A and 10B; enter the Oklahoma standard deduction on line 10C)	
10B	State and local sales or income taxes included in line 10A ..... 10b <input type="text"/> 00	
10C	Oklahoma itemized deductions (line 10A minus line 10B) or Oklahoma standard deduction .....	00
11	Exemptions (\$1,000 x total number of exemptions claimed above) .....	00
12	Total deductions and exemptions (add lines 10C and 11 or amount from Sch. 511-D, line 5) .....	00
13	Oklahoma Taxable Income (line 9 minus line 12) .....	00
14	Oklahoma Income Tax from Tax Table (see pages 21-31 of instructions) 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
<b>STOP AND READ: If line 7 is equal to or larger than line 1, complete lines 15 and 18. If line 7 is smaller than line 1, complete Schedules 511-E and 511-F.</b>		
15	Oklahoma child care/child tax credit (see instructions) .....	00
16	Oklahoma earned income credit (see instructions) .....	00
17	Credit for taxes paid to another state (provide Form 511TX) .....	00
18	Form 511CR - Other Credits Form. List 511CR line number claimed here: <input type="text"/> .....	00
19	Income Tax (line 14 minus lines 15-18) Do not enter less than zero .....	0 00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.

**Oklahoma Standard Deduction:**

- Single or Married Filing Separate: \$8,300
- Married Filing Joint or Qualifying Widow(er): \$12,800
- Head of Household: \$8,300

**Itemized Deductions:** Provide copy of the Federal Schedule A.



Name(s) shown on Form 511: **Sr PHELPS / C PHELPS**

Your Social Security Number: \_\_\_\_\_

**PART THREE: TAX, CREDITS AND PAYMENTS**

20	Total from line 19	20	0	00
21	Use tax due on Internet, mail order, or other out-of-state purchases (For use tax table, see page 11 of the Packet) If you certify that no use tax is due, place an 'X' here <input checked="" type="checkbox"/>	21		00
22	Balance (add lines 20 and 21)	22	0	00
23	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	23	1802	00
24	2016 estimated tax payments (qualified farmer <input type="checkbox"/> )	24		00
25	2016 payment with extension	25		00
26	Low Income Property Tax Credit (provide Form 538-H)	26		00
27	Sales Tax Relief Credit (provide Form 538-S)	27		00
28	Natural Disaster Tax Credit (provide Form 576)	28		00
29	Credits from Form..... a) <input type="checkbox"/> 577 ..... b) <input type="checkbox"/> 578	29		00
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30		00
31	<b>Payments and credits</b> (add lines 23-30)	31	1802	00
32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32		00
33	<b>Total payments and credits</b> (line 31 minus 32)	33	1802	00

**PART FOUR: REFUND**

For further information regarding estimated tax, see page 5 of the 511 Packet.	34	If line 33 is more than line 22, subtract line 22 from line 33. This is your <b>overpayment</b>	34	1802	00
	35	Amount of line 34 to be applied to 2017 estimated tax (original return only)	35		00
Schedule 511-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 511-G in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-G. <input type="checkbox"/>					
36	Donations from your refund (total from Schedule 511-G)	36			00
37	Total deductions from refund (add lines 35 and 36)	37			00
38	Amount to be refunded to you (line 34 minus line 37)	38		1802	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 511 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: \_\_\_\_\_

**PART FIVE: AMOUNT YOU OWE**

If you have an underpayment of estimated tax (line 40) & overpayment (line 34), see instructions.	39	If line 22 is more than line 33, subtract line 33 from line 22. This is your <b>tax due</b>	39		00
	40	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> )	40		00
	41	For delinquent payment add penalty of 5% plus interest of 1.25% per month	41		00
	42	<b>Total tax, donation, penalty and interest</b> (add lines 39-41)	42		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 (optional) _____		Daytime Phone (optional) _____		Paid Preparer's PTIN _____	

**DO NOT STAPLE DOCUMENTATION TO THIS FORM. TO ATTACH ITEMS, PLEASE USE A PAPER CLIP.**  
 MAILING ADDRESS FOR THIS FORM: P.O. BOX 26800, OKLAHOMA CITY, OK 73126-0800  
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

**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, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

<b>1</b> Name(s) shown on return S Phelps		<b>2</b> Your social security number	
<b>3</b> Address			
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, 2016 I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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.			
<b>5</b> Employer's or payer's name, address, and ZIP code			<b>6</b> Employer's or payer's identification number (if known)
<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation	0	<b>f</b> State income tax withheld	1802 00
<b>b</b> Social security wages	0	(Name of state) . . . . .	OK
<b>c</b> Medicare wages and tips	0	<b>g</b> Local income tax withheld	0
<b>d</b> Social security tips	0	(Name of locality)	
<b>e</b> Federal income tax withheld	3720.60	<b>h</b> Social security tax withheld	3880 02
		<b>i</b> Medicare tax withheld	907 43
<b>8</b> Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
<b>a</b> Gross distribution	_____	<b>f</b> Federal income tax withheld	_____
<b>b</b> Taxable amount	_____	<b>g</b> State income tax withheld	_____
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	_____
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	_____
<b>e</b> Capital gain (included in line 8b)	_____	<b>j</b> Distribution codes	_____
<b>9</b> How did you determine the amounts on lines 7 and 8 above? Records Provided by the employer listed on line 5. Line 7 (a) (b) and (c) were corrected as I did not receive any "wages" as defined in section 3401(a) and section 3121(a).			
<b>10</b> Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. None			

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on IRS.gov for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and