



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2022
Form 511-EF

Your first name and middle initial ANIL CHOWDARY	Last name VALLABHANENI
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box) 1204 BAXTER DRIVE	
City, State, ZIP PLANO TX 75025	

Your social security number: 090551128

Spouse's social security number:

Filing status:

Total number of exemptions:

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	76888	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	1650	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	1690	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	40	00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5	0	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here:

_____ Your Signature	_____ Date	_____ Spouse's Signature (If joint return, both must sign)	_____ Date
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PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only

_____ ERO or Paid Preparer's Signature	02/19/2023 Date	_____ PTIN
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Paid Preparer Use Only

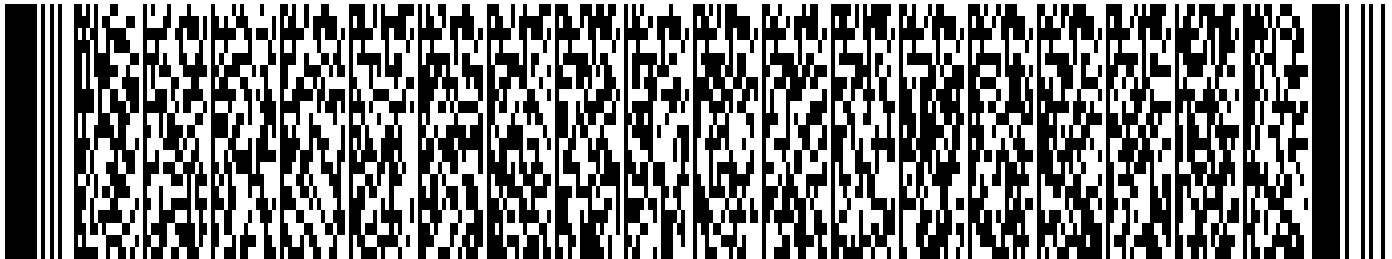
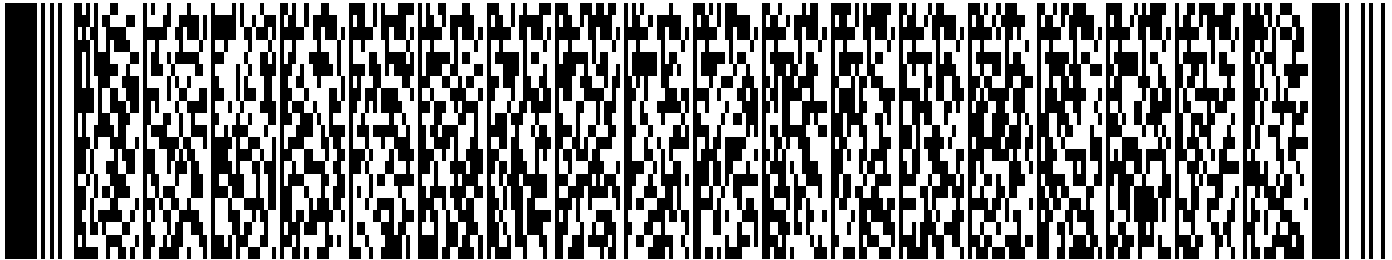
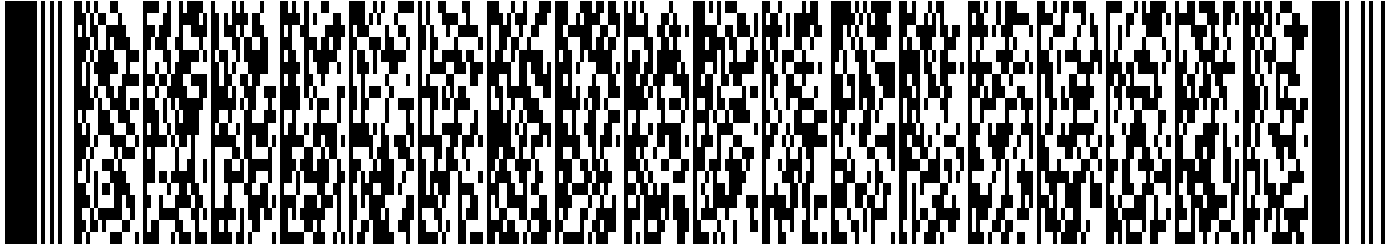
_____ Paid Preparer Signature	02/19/2023 Date	P02082703 PTIN
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Firm Name (or yours if self-employed): SYAM PRIYA RAM SAGAR GUPTA TALLAM

Address and ZIP: 245 ROONEY CT E BRUNSWICK NJ 08816

Phone Number: (678) 965-9522

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.



Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number	Spouse's Social Security Number <small>(joint return only)</small>	AMENDED RETURN!
<input type="text" value="090551128"/>	<input type="text"/>	Place an 'X' in this box if this is an amended 511-NR. See Schedule 511-NR-H. <input type="checkbox"/>
<small>Place an 'X' in this box if this taxpayer is deceased →</small>	<small>Place an 'X' in this box if this taxpayer is deceased →</small>	

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
ANIL		CHOWDARY			VALLABHANENI	
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
1204 BAXTER DRIVE			PLANO	TX	75025	

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: _____
name and SSN in the boxes: 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 01/01/2022 to 06/30/2022

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

*** Note:** If claiming Special Exemption, see instructions on page 10 of 511NR Packet.

Exemptions	Regular	* Special	Blind	E	Total		
	1					1	(a)
Spouse	0			E	(b)		
Number of dependents							
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:							
					E	1	(c)

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 Older? (Please see instructions) 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)

Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.

	Federal Amount		Oklahoma Amount
1 Oklahoma source income (Schedule 511-NR-1, line 18)			40734 00
2 Federal adjusted gross income (Schedule 511-NR-1, line 19)	76888	00	
3 Oklahoma additions (Schedule 511-NR-A, line 8)		00	00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	76888	00	40734 00
5 Oklahoma subtractions (Schedule 511-NR-B, line 17)		00	00
6 Adjusted gross income: Oklahoma Source (line 4 minus line 5)			40734 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	76888	00	
8 Adjusted gross income: All Sources (from line 7)			76888 00
9 Oklahoma Adjustments (Schedule 511-NR-C, line 7)			00
10 Income after adjustments (line 8 minus line 9)			76888 00



Name(s) Shown on Form 511NR: ANIL CHOWDARY VALLABHANENI

Your Social Security Number: 090551128

Amount from line 10 on page 1

			76888	00
11	Oklahoma itemized deductions (Schedule 511-NR-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) ..	11	6350	00
12	Exemptions: Enter the total number of exemptions claimed on page 1 <input type="text" value="1"/> X \$1,000.....	12	1000	00
13	Total deductions and exemptions (add lines 11 and 12)	13	7350	00
14	Oklahoma Taxable Income: (line 10 minus line 13).....	14	69538	00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15... 15a <input type="text" value="3114"/> 00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15..... 15b <input type="text" value="0"/> 00			
	Oklahoma Income Tax (line 15a plus line 15b)	15	3114	00
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 511-NR-E.				
16	Oklahoma child care/child tax credit (see instructions)	16		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero).....	17	3114	00

18	Tax percentage: $\frac{\text{Oklahoma Amount (from line 6)} \cdot \text{Federal Amount (from line 7)}}{\text{a) } 40734 \cdot \text{b) } 76888}$	18	52.978	%
19	Oklahoma Income Tax. Multiply line 17 by line 18. 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 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="text"/>	19	1650	00
20	Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify	20		00
21	Form 511-CR - Other Credits Form - List 511-CR line number claimed here: <input type="text"/>	21		00
22	Line 19 minus lines 20 and 21	22	1650	00
23	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"/>	23		00
24	Balance (add lines 22 and 23).....	24	1650	00
25	Oklahoma withholding (provide W-2s, 1099s or withholding statement) ..	25	1690	00
26	2022 Oklahoma estimated tax payments. If you are a qualified farmer, place an 'X' here: <input type="checkbox"/>	26		00
27	2022 payment with extension	27		00
28	Credit from Form 578	28		00
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4).....	29		00
30	Amount paid with original return plus additional paid after it was filed (amended return only)	30		00
31	Payments and credits (add lines 25-30)	31	1690	00



Name(s) Shown on Form 511NR: **ANIL CHOWDARY VALLABHANENI**

Your Social Security Number: **090551128**

Amount from line 31 on page 2

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	1690	00
33	Total payments and credits (line 31 minus line 32).....	33	1690	00
34	If line 33 is more than line 24, subtract line 24 from line 33. This is your overpayment	34	40	00
35	Amount of line 34 to be applied to 2023 estimated tax (original return only) (see page 4 of 511NR Packet for further information).....	35		00

Schedule 511-NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations.

Place the line number of the organization from Schedule 511-NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-NR-G ...

36	Donations from your refund (total from Schedule 511NR-G)	36		00
37	Total deductions from refund (add lines 35 and 36)	37		00
38	Amount to be refunded (line 34 minus line 37)	38	40	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: 103000648

Savings Account Account Number: 655161062

39	If line 24 is more than line 33, subtract line 33 from line 24. This is your tax due	39	0	00
40	Donation: Public School Classroom Support Fund (original return only).....	40		00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	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 39-42)	43	0	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
Taxpayer's Occupation	
SOFTWARE ENGINEER	
Daytime Phone Number (optional)	

Spouse's Signature	Date
Spouse's Occupation	

Paid Preparer's Signature	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/19/2023	
Paid Preparer's Address and Phone Number (678) 965-9522	
245 ROONEY CT	
E BRUNSWICK NJ 08816	
Paid Preparer's PTIN P02082703	

A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Do not staple documentation to this form. To attach items, please use a paper clip.
Mailing Address for this form: PO 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.

Note: Provide this page with your return.



Name(s) Shown on Form 511NR: ANIL CHOWDARY VALLABHANENI

Your Social Security Number: 090-55-1128

Schedule 511-NR-1: Income Allocation for Nonresidents and Part-Year Residents

See instructions on pages 10-12.

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.....	83488	00	1	40734 00
2	Taxable interest income.....		00	2	00
3	Dividend income.....		00	3	00
4	Taxable IRA distribution.....		00	4	00
5	Taxable pensions and annuities.....		00	5	00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B).....		00	6	00
7	Capital gains or losses (Federal Schedule D).....		00	7	00
8	Taxable refunds (state income tax).....		00	8	00
9	Alimony received (divorce/separation agreement date: _____)		00	9	00
10	Business income or (loss) (Federal Schedule C).....		00	10	00
11	Other gains or losses (Federal Form 4797).....		00	11	00
12	Rental real estate, royalties, partnerships, etc.....	-6600	00	12	0 00
13	Farm income or (loss).....		00	13	00
14	Unemployment compensation.....		00	14	00
15	Other income (identify: _____)		00	1	00
16	Add lines 1 through 15.....	76888	00	16	40734 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	40734 00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....	76888	00	19	



Name(s) Shown on Form 511NR: ANIL CHOWDARY VALLABHANENI

Your Social Security Number: 090-55-1128

Schedule 511-NR-A: Oklahoma Additions
 See instructions on pages 19-21.

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

Federal Amount		Oklahoma Amount	
00	1		00
00	2		00
00	3		00
00	4		00
00	5		00
00	6		00
00	7		00
00	8		00

Schedule 511-NR-B: Oklahoma Subtractions
 See instructions on pages 21-25.

1	Interest on U.S. government obligations
2	Taxable Social Security (from Schedule 511-NR-1, line 6).....
3	Federal civil service retirement in lieu of social security..... <u>Taxpayer Number</u> <u>Spouse Number</u> - Retirement Claim Number: <input type="text"/> <input type="text"/>
4	Military Retirement.....
5	Oklahoma government or Federal civil service retirement.....
6	Other retirement income.....
7	U.S. Railroad Retirement Board Benefits
8	Additional depletion
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/>) (provide Schedules).....
10	Exempt tribal income (see instructions for qualifications).....
11	Gains from the sale of exempt government obligations
12	Nonresident military wages (provide W-2)
13	Oklahoma Capital Gain Deduction (provide Form 561-NR).....
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)
15	Oklahoma income distributed by an electing PTE.....
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction..... <input type="text"/>).....
17	Total subtractions (add lines 1-16, enter total here and on line 5 of Form 511-NR)

Federal Amount		Oklahoma Amount	
00	1		00
00	2		00
00	3		00
00	4		00
00	5		00
00	6		00
00	7		00
00	8		00
00	9		00
00	10		00
00	11		00
00	12		00
00	13		00
00	14		00
00	15		00
00	16		00
00	17		00



Name(s) Shown on Form 511NR: ANIL CHOWDARY VALLABHANENI

Your Social Security Number: 090-55-1128

Schedule 511-NR-C: Oklahoma Adjustments See instructions on pages 25-28.

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 511-NR)	7	00

Schedule 511-NR-D: Oklahoma Itemized Deductions See instructions on page 28.

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1	00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2	00
3	Line 1 minus line 2.....	3	00
4	Medical and Dental expenses from Federal Sch. A, line 4.....	4	00
5	Gifts to Charity from Federal Sch. A, line 14	5	00
6	Line 3 minus lines 4 and 5.....	6	00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.		
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10).....	8	17,000 00
9	Medical and Dental expenses from Federal Sch. A, line 4.....	9	00
10	Gifts to Charity from Federal Sch. A, line 14	10	00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10. If you responded NO on line 7: Enter the amount from line 3	11	00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.



Name(s) Shown on Form 511NR: ANIL CHOWDARY VALLABHANENI

Your Social Security Number: 090-55-1128

Schedule 511-NR-E: Child Care/Child Tax Credit See instructions on page 28.

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.
- 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 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></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 511-NR.....	7		00

Schedule 511-NR-F: Earned Income Credit See instructions on page 28.

Residents and part-year residents are allowed a credit equal to 5% of the federal earned income credit calculated using the same requirements for calculating the earned income tax credit for federal income tax purposes in effect for the 2020 income tax year. **Provide** a copy of your Federal return.

Nonresidents do not qualify.

1	Federal earned income credit	1		0 00
2	Multiply line 1 by 5%	2		00
3	Divide the amount on line 6 of Form 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	3		%
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 29 of Form 511-NR).....	4		00



Note: Provide this page if you have an amount shown on a schedule or are filing an Amended Return.

Name(s) Shown on Form 511NR: **ANIL CHOWDARY VALLABHANENI**

Your Social Security Number: **090-55-1128**

Schedule 511-NR-G: Donations from Refund (Original Return Only) See instructions on page 29.

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 511-NR-G Information on pages 29-30 of the 511-NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511-NR-G 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 Public School Classroom Fund, see line 40 of Form 511-NR.

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 36 of Form 511-NR, 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 36 of Form 511-NR.

1	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	\$2	\$5	\$		1	00
2	Y.M.C.A. Youth and Government Program.....	\$2	\$5	\$		2	00
3	Support Wildlife Diversity Fund.....	\$2	\$5	\$		3	00
4	Support of Programs for Regional Food Banks in Oklahoma.....	\$2	\$5	\$		4	00
5	Public School Classroom Support Fund.....	\$2	\$5	\$		5	00
6	Oklahoma Pet Overpopulation Fund.....	\$2	\$5	\$		6	00
7	Support the Oklahoma AIDS Care Fund.....	\$2	\$5	\$		7	00
8	Support Oklahoma Silver Haired Legislature and Alumni Association Program.....	\$2	\$5	\$		8	00
9	Total donations (add lines 1-8, enter total here and on line 36 of Form 511-NR).....					9	00

Schedule 511-NR-H: Amended Return Information See instructions on page 29.

Did you file an amended Federal return? Yes No

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as 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.
