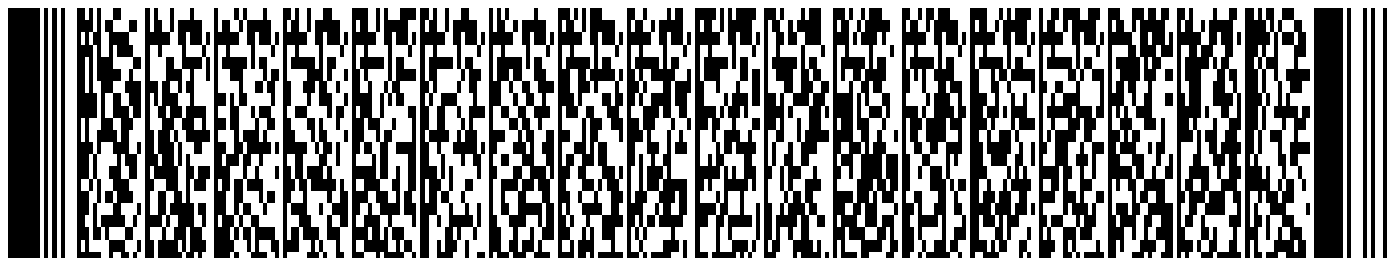
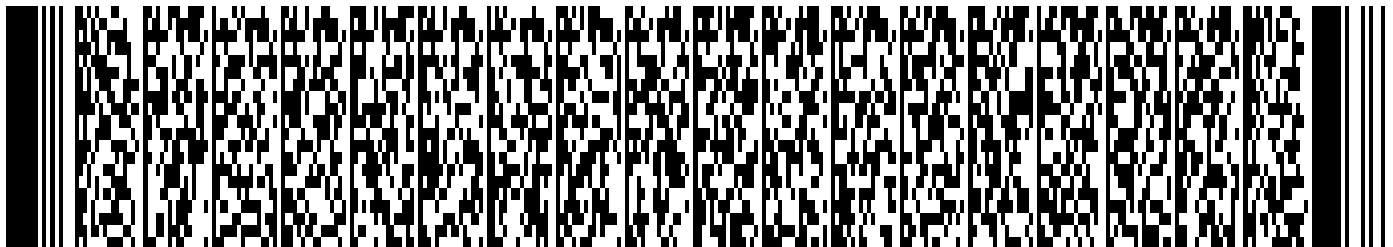
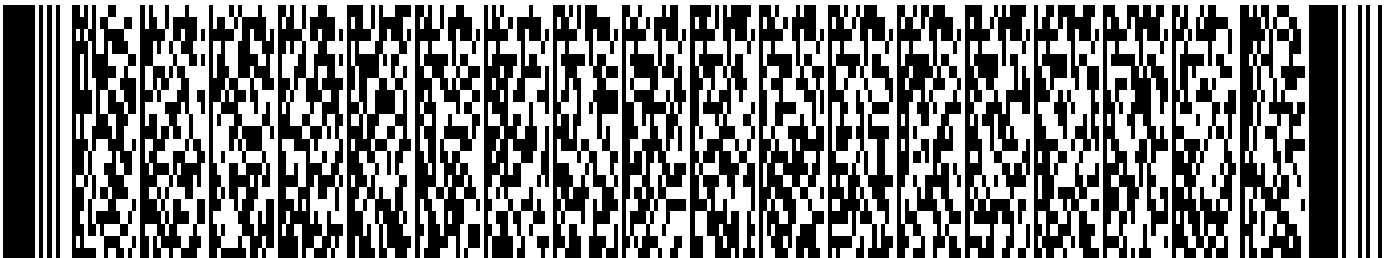


**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



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

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

664-31-7104 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 511. See Schedule 511-I. →

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	
PREETHAM		PABBA				
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
314 NORTH DUNCAN STREET APT 4			STILLWATER	OK	74075	

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:

*** Note:** If claiming **Special Exemption**, see instructions on page 9 of 511 Packet.

	Regular	* Special	Blind	
Exemptions	1	+	+	= 1 (a)
		+	+	
	Number of dependents			= (c)
	Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:			= 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 Older? (Please see instructions) Yourself Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME		Round to Nearest Whole Dollar	
1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	19991 00
2	Oklahoma Subtractions (provide Schedule 511-A).....	2	00
3	Line 1 minus line 2.....	3	19991 00
4	Out-of-state income, except wages. Describe: _____ (Provide Federal schedule with detailed description; see instructions).....	4	00
5	Line 3 minus line 4.....	5	19991 00
6	Oklahoma Additions (provide Schedule 511-B).....	6	00
7	Oklahoma adjusted gross income (line 5 plus line 6)..... (If line 7 is different than line 1, provide a copy of your Federal return.)	7	19991 00
PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS			
8	Oklahoma Adjustments (provide Schedule 511-C).....	8	00
9	Oklahoma income after adjustments (line 7 minus line 8).....	9	19991 00



Name(s) Shown
on Form 511: **PREETHAM PABBA**

Your Social Security Number: **664-31-7104**

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

10	Oklahoma itemized deductions (from Schedule 511-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).....	10	6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1..... <input type="text" value="1"/> X \$1,000.....	11	1000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....	12	7350	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	12641	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	411	00
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. 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 "4" in the box on line 14	14b		00
	Oklahoma Income Tax (line 14a plus line 14b)	14	411	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions).....	15		00
16	Credit for taxes paid to another state (provide Form 511TX).....	16		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:..... <input type="text"/>	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero	18	411	00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/>	19		00
20	Balance (add lines 18 and 19)	20	411	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) ..	21	491	00
22	2023 estimated tax payments (qualified farmer <input type="checkbox"/>)	22		00
23	2023 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H).....	24		00
25	Sales Tax Relief Credit (provide Form 538-S).....	25	40	00
26	Natural Disaster Tax Credit (provide Form 576).....	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions).....	28		00
29	Amount paid with original return plus additional paid after it was filed (amended return only).....	29		00



Name(s) Shown on Form 511: **PREETHAM PABBA**

Your Social Security Number: **664-31-7104**

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21-29 from page 2).....	30	531	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only).....	31		00
32	Total payments and credits (line 30 minus 31).....	32	531	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment.....	33	120	00
34	Amount of line 33 to be applied to 2024 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.)	34		00

Schedule 511-H 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-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H.....

35	Donations from your refund (total from Schedule 511-H).....	35		00
36	Total deductions from refund (add lines 34 and 35).....	36		00
37	Amount to be refunded to you (line 33 minus line 36).....	37	120	00

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. See the 511 Packet for direct deposit, debit card and paper check information. Due to electronic banking rules, the OTC will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a:

Debit Card

Paper Check

Is this refund going to or through an account that is located outside of the United States? Yes No

Direct Deposit my refund in my:

Checking Account Routing Number: 103000648

Savings Account Account Number: 885153202

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due.....	38		00
39	Underpayment of estimated tax interest (annualized installment method).. (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)	39		00
40	For delinquent payment add penalty of 5% \$ plus interest of 1.25% per month \$	40		00
41	Total tax, penalty and interest (add lines 38-40).....	41		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 STUDENT	Spouse's Occupation	SYAM PRIYA RAM SAGAR GUPTA 04/15/2024
Daytime Phone (optional)	Daytime Phone (optional)	Paid Preparer's Address and Phone Number (678) 965-9522 245 ROONEY CT E BRUNSWICK NJ 08816 Paid Preparer's PTIN P02082703

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

State of Oklahoma Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

664-31-7104

If died in 2023 or 2024, enter date of death:

Spouse's Social Security Number:

If died in 2023 or 2024, enter date of death:

Instructions on page 3. Please read carefully as an incomplete form may delay your refund.

FORM

538-S

2023

Taxpayer's First Name	Middle Initial	Last Name	Spouse's First Name (If a Joint Return)	Middle Initial	Last Name
PREETHAM		PABBA			
Mailing Address (Number and street, including apartment number, or rural route)			City	State	ZIP
314 NORTH DUNCAN STREET APT 4			STILLWATER	OK	74075

PART 1: TAXPAYER INFORMATION

Physical Address in 2023 (If different than shown in mailing address section):

Place an 'X' if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

Place an 'X' if you or your spouse are 65 years of age or over Oklahoma resident for the entire year? yes no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, provide schedule.	See Instructions			5. Yearly Income	EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...
	2. Age	3. Social Security Number	4. Relationship		
					A. Yourself..... 1
					B. Spouse.....
					C. Number of dependents.....
					D. Total exemptions claimed (add A-C)..... 1

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition on page 3 for examples of income.

1	Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)
2	Enter total interest and dividend income received
3	Total of all dependents' income (from Part 2, column 5)
4	Social Security payments (total including Medicare)
5	Railroad Retirement benefits
6	Other pensions, annuities and IRAs
7	Alimony
8	Unemployment benefits

YEARLY INCOME	
YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
1	19991 00
2	00
3	00
4	00
5	00
6	00
7	00
8	00



Name(s) Shown on Form 538-S:
PREETHAM PABBA

Your Social Security Number:
664-31-7104

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition on page 3 for examples of income.

		YEARLY INCOME	
		YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
9	Earned Income Credit (EIC) received in 2023.....	9	00
10	Nontaxable sources of income (specify) _____	10	00
11	Enter gross (positive) income from rentals, royalties, partnerships, estates & trusts, and gains from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules)....	11	00
12	Enter gross (positive) income from business and farm (provide Federal return including schedules).....	12	00
13	Other income-including income of others living in your household (specify)_____	13	00
14	Total gross household income (Add lines 1-13).....	14	19991 00

If line 14 is over income limits shown in steps 2 and 3 on page 3, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on page 3.)

15 Total qualified exemptions claimed in Box D on page 1 x \$40 (credit claimed)..... 15

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See page 3 for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 25.

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. Due to electronic banking rules, the Oklahoma Tax Commission (OTC) will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a: <input type="checkbox"/> Debit Card <input type="checkbox"/> Paper Check	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Direct Deposit my refund in my: <input type="checkbox"/> Checking Account Routing Number: <input type="text"/> <input type="checkbox"/> Savings Account Account Number: <input type="text"/>

If the OTC may discuss this return with your tax preparer, place an 'X' here:

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date	Spouse's Signature and Date
Occupation STUDENT	Occupation

Preparer's Signature and Date
SYAM PRIYA RAM SAGAR GUPTA 04/15/2024