



# 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.

**2023**  
**Form 511-EF**

|  |                    |
|--|--------------------|
| Your first name and middle initial<br>VAMSIDHAR REDDY  | Last name<br>VENNA |
| 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)<br>813 MERCURY RD |                    |
| City, State, ZIP<br>EDMOND OK 73003  |                    |

Your social security number: 164456176

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 | 9184 | 00 |
| 2 | Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24) .....                                   | 2 | 9    | 00 |
| 3 | Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33).....                           | 3 | 395  | 00 |
| 4 | Refund (511, Line 37 or 511-NR, Line 38) .....  | 4 | 386  | 00 |
| 5 | Balance Due (511, Line 41 or 511-NR, Line 42) .....   | 5 |      | 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 2023 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 2023 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

## 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 2023). 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 Date PTIN

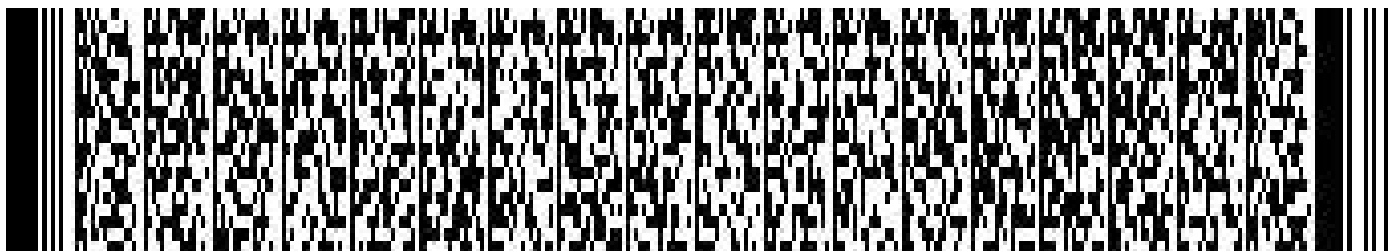
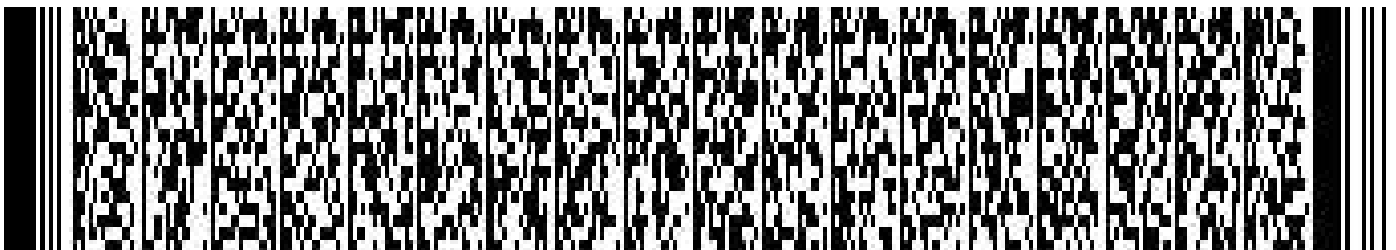
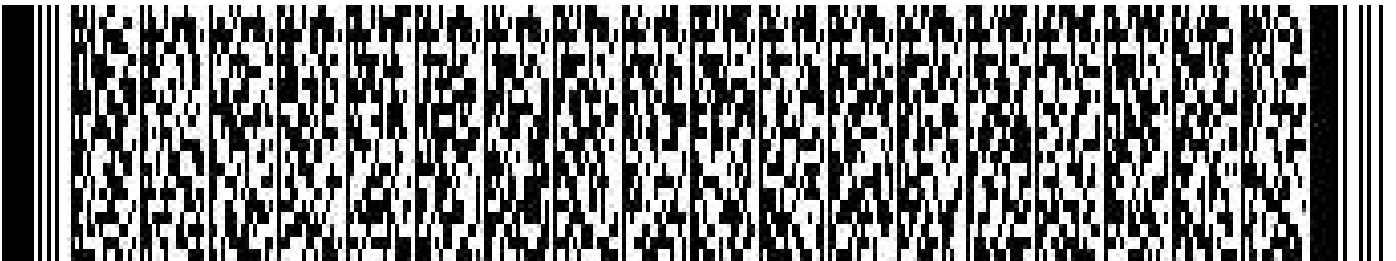
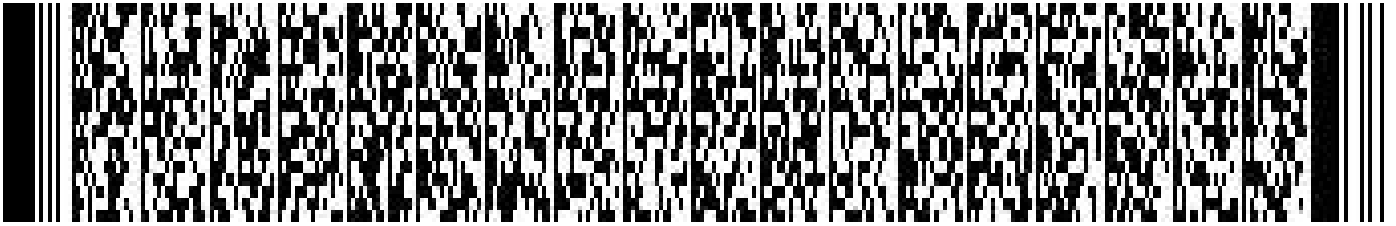
Paid Preparer Use Only  
Paid Preparer Signature Date PTIN P02470833

Firm Name (or yours if self-employed): VENKATA SAI PAVAN KUMAR DUDIPALLI

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 Resident Income Tax Return

Form 511  
2023



Your Social Security Number: 164-45-6176

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 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: VAMSIDHAR REDDY Middle Initial: Last Name: VENNA

If a Joint Return, Spouse's First Name: Middle Initial: Last Name:

Mailing Address (Number and street, including apartment number, rural route or PO Box): 813 MERCURY RD City: EDMOND State: OK ZIP or Postal Code: 73003 Country:

**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 |  |
|--|---------|-----------|-------|--|
| Yourself   | 1       | +         | +     | <input type="checkbox"/> 1 (a)<br><input type="checkbox"/> (b)<br><input type="checkbox"/> (c) |
| Spouse   |         | +         |       |  |
| <b>Number of dependents</b>  |         |           |       |  |
| Add the Totals from boxes (a), (b) and (c).<br>Enter the TOTAL here: |         |           |       | <input type="checkbox"/> 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                             | 9184 00 |
| 2  | Oklahoma Subtractions (provide Schedule 511-A) .....   | 2                             | 00      |
| 3  | Line 1 minus line 2 .....  | 3                             | 9184 00 |
| 4  | Out-of-state income, except wages. Describe: _____<br>(Provide Federal schedule with detailed description; see instructions) ..... | 4                             | 00      |
| 5  | Line 3 minus line 4 .....  | 5                             | 9184 00 |
| 6  | Oklahoma Additions (provide Schedule 511-B).....   | 6                             | 00      |
| 7  | <b>Oklahoma adjusted gross income</b> (line 5 plus line 6) .....   | 7                             | 9184 00 |
| (If line 7 is different than line 1, provide a copy of your Federal return.) |  |                               |         |
| 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                             | 9184 00 |



Name(s) Shown  
on Form 511: VAMSIDHAR REDDY VENNA

Your Social Security Number: 164-45-6176

**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<br>(Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 •<br>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 | 1834 | 00 |
| 14 | (a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions)<br>or if using Farm Income Averaging, enter tax from Form 573, line 22 and<br>enter a "1" in box on line 14 ..... 14a <input type="text" value="9"/> 00  |    |      |    |
|    | (b) If paying the Health Savings Account additional 10% tax,<br>add additional tax here and enter a "2" in box on line 14. If recapturing the<br>Oklahoma Affordable Housing Tax Credit, add recaptured credit here<br>and enter a "3" in box on line 14. If making an Oklahoma installment<br>payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K),<br>add the installment payment here and enter a "4" in the box on line 14 ..... 14b <input type="text" value="0"/> 00 |    |      |    |
|    | Oklahoma Income Tax (line 14a plus line 14b) .....  | 14 | 9    | 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 | <b>Income Tax</b> (line 14 minus lines 15-17) Do not enter less than zero .....<br><b>DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.</b> | 18 |  | 9 00 |

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

|    |   |    |     |      |
|----|---|----|-----|------|
| 19 | Use tax due on Internet, mail order, or other out-of-state purchases.....<br>(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 |     | 9 00 |
| 21 | Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) ..   | 21 | 355 | 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<br>(amended return only).....  | 29 |     | 00   |



Name(s) Shown on Form 511: **VAMSIDHAR REDDY VENNA**

Your Social Security Number: **164-45-6176**

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

|    |  |    |     |    |
|----|--|----|-----|----|
| 30 | Payments and credits (add lines 21-29 from page 2).....  | 30 | 395 | 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 | <b>Total payments and credits</b> (line 30 minus 31) .....   | 32 | 395 | 00 |

**PART FOUR: REFUND**

|    |   |    |     |    |
|----|---|----|-----|----|
| 33 | If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment.....   | 33 | 386 | 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 | 386 | 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
- Savings Account

Routing Number: **044000037**

Account Number: **791795336**

**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 |
| Taxpayer's Occupation<br><b>SOFTWARE ENGINEER</b> |      |
| Daytime Phone (optional)                          |      |

|                          |      |
|--------------------------|------|
| Spouse's Signature       | Date |
| Spouse's Occupation      |      |
| Daytime Phone (optional) |      |

|   |      |
|---|------|
| Paid Preparer's Signature                               | Date |
| <b>VENKATA SAI PAVAN KUMAR DUDIPALLI</b>                |      |
| Paid Preparer's Address and Phone Number (678) 965-9522 |      |
| <b>245 ROONEY CT</b>                                    |      |
| <b>E BRUNSWICK NJ 08816</b>                             |      |
| Paid Preparer's PTIN <b>P02470833</b>                   |      |

**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.

# State of Oklahoma Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

164-45-6176

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 |
| VAMSIDHAR   | REDDY          |           |   |                | VENNA     |
| Mailing Address (Number and street, including apartment number, or rural route) |                |           | City                                    | State          | ZIP       |
| 813 MERCURY RD  |                |           | EDMOND                                  | OK             | 73003     |

## 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<br>(first name, middle initial, last name) If you have additional dependents, provide schedule. | See Instructions |                           |                 | 5. Yearly Income |
|---|------------------|---------------------------|-----------------|------------------|
|   | 2. Age           | 3. Social Security Number | 4. Relationship |                  |
|   |                  |                           |                 |                  |
|   |                  |                           |                 |                  |
|   |                  |                           |                 |                  |
|   |                  |                           |                 |                  |

## EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...

|  |   |
|--|---|
| 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.

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

| YEARLY INCOME                       |         |
|-------------------------------------|---------|
| YOU MAY NOT ENTER NEGATIVE AMOUNTS. |         |
| 1                                   | 9184 00 |
| 2                                   | 00      |
| 3                                   | 00      |
| 4                                   | 00      |
| 5                                   | 00      |
| 6                                   | 00      |
| 7                                   | 00      |
| 8                                   | 00      |



Name(s) Shown on Form 538-S:  
VAMSIDHAR REDDY VENNA

Your Social Security Number:  
164-45-6176

**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.

9 Earned Income Credit (EIC) received in 2023..... 9  
 10 Nontaxable sources of income (specify) ..... 10  
 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  
 12 Enter **gross** (positive) income from business and farm (provide Federal return including schedules)..... 12  
 13 Other income-including income of others living in your household (specify)..... 13  
 14 **Total gross household income** (Add lines 1-13) ..... 14

| YEARLY INCOME                       |         |
|-------------------------------------|---------|
| YOU MAY NOT ENTER NEGATIVE AMOUNTS. |         |
| 9                                   | 00      |
| 10                                  | 00      |
| 11                                  | 00      |
| 12                                  | 00      |
| 13                                  | 00      |
| 14                                  | 9184 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

|    |       |
|----|-------|
| 15 | 40 00 |
|----|-------|

**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.

|  |   |  |
|--|---|--|
| <b>Send my refund as a:</b><br><input type="checkbox"/> Debit Card<br><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  |  |
|  | <b>Direct Deposit my refund in my:</b><br><input type="checkbox"/> Checking Account      Routing Number: <input type="text"/><br><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<br>SOFTWARE ENGINEER | Occupation                  |

Preparer's Signature and Date  
VENKATA SAI PAVAN KUMAR DUDIPALLI