

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

<b>19</b>	Total from line 18 .....	19	00
	<i>If line 7 is equal to or larger than 1, complete line 20. If line 7 is smaller than line 1, see Schedule 511-F.</i>		
<b>20</b>	Oklahoma child care credit (see instructions) .....	20	00
<b>21</b>	Credit for taxes paid to another state (enclose Form 511TX) .....	21	00
<b>22</b>	Other credits (511CR) ..... <i>Please list 511CR line number claimed here</i> <input style="width:50px;" type="text"/>	22	00
<b>23</b>	Line 19 minus lines 20, 21 and 22 <i>Do not enter less than zero.</i> .....	23	00
<b>24</b>	Use Tax (see instructions on page 10) <input type="checkbox"/> Check here if no use tax is due. ....	24	00
<b>25</b>	Balance (add lines 23 and 24) .....	25	00
<b>26</b>	Oklahoma withholding (enclose W-2s, 1099s or other withholding statements) .	26	00
<b>27</b>	2004 Oklahoma estimated tax payments . ( <i>qualified farmer</i> <input type="checkbox"/> )	27	00
<b>28</b>	2004 payment with extension .....	28	00
<b>29</b>	Low Income Property Tax Credit (enclose Form 538-H) . . . . .	29	00
<b>30</b>	Sales Tax Relief Credit (enclose Form 538-S, see instructions)	30	00
<b>31</b>	Tornado Tax Credit (enclose Form 509, Form 510 or Form 575) . . . . .	31	00
	<i>If line 7 is equal to or larger than line 1, complete line 32. If line 7 is smaller than line 1, see Schedule 511-G. If you are not required to file, see instructions.</i>		
<b>32</b>	Oklahoma Earned Income Credit (see instructions) .....	32	00
<b>33</b>	Total payments and credits (add lines 26-32) .....	33	00

**PART FOUR: OVERPAID**

<b>34</b>	Overpayment (if line 33 is greater than line 25) <i>subtract line 25 from line 33</i> . . . . . <b>OVERPAYMENT</b>	34	00
<b>35</b>	Amount from line 34 to be credited to your 2005 estimated tax	35	00
	<i>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 oval below. If you give to more than one organization, please put a "99" in the oval below.</i>		
<b>36</b>	Donations from your refund. (total from Sch. 511-H, line 17) <input style="width:50px;" type="text"/>	36	00
<b>37</b>	Total deductions from refund (add lines 35 and 36) .....	37	00
<b>38</b>	Amount to be refunded (line 34 minus line 37) .....	38	00

**DIRECT DEPOSIT OPTION:** For instructions, please see page 13 of your Individual Resident Income Tax Packet.

Yes! Please deposit my refund in my  checking account  savings account

Routing Number:

Account Number:

**PART FIVE: TAX DUE**

<b>39</b>	Tax Due (if line 25 is greater than line 33) <i>subtract line 33 from line 25</i> . . . . . <b>TAX DUE</b>	39	00
<b>40</b>	Donation: Oklahoma Organ Donor Education Fund . . . . <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$_____	40	00
<b>41</b>	Underpayment of estimated tax ..... ( <i>annualized installment method</i> <input type="checkbox"/> )	41	00
<b>42</b>	For delinquent payment (add penalty of 5% plus interest at 1.25% per month) .....	42	00
<b>43</b>	Total tax, donation, penalty and interest (add lines 39-42) .....	43	00

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

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature <span style="float:right;">Date</span> 	Spouse's signature <span style="float:right;">Date</span>  	Paid Preparer's signature <span style="float:right;">Date</span>  
Taxpayer's occupation Daytime Phone (optional)	Spouse's occupation Daytime Phone (optional)	Paid Preparer's address and phone number Paid Preparer's I.D. Number

Mailing Address: P.O. Box 26800, Oklahoma City, Oklahoma 73126-0800

Check this box if the taxpayer did not want this return filed electronically.

# FORM 538-s 2004

## OKLAHOMA CLAIM FOR CREDIT OR REFUND OF SALES TAX

Your Social Security Number →

Spouse's Social Security Number →

Instructions on reverse side. Please read carefully as an incomplete form may delay your refund.

Print first name, initial and last name (first name and initial of spouse)

Present home address (number and street, including apartment number, or rural route)

City, State and Zip

### PART 1: TAXPAYER INFORMATION

Check if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

Check if you or your spouse are 65 years of age or over

Live in Oklahoma for the entire year? yes  no

Oklahoma resident for the entire year? yes  no

### PART 2: DEPENDENT AND EXEMPTION INFORMATION

1. Dependents (first name, initial, last name)	See Instructions				5. Yearly Income
	2. Age	3. Social Security Number	4. Relationship		

### QUALIFIED EXEMPTIONS...

A. Yourself .....

B. Spouse .....

C. Number of your dependent children ..

D. Number of other dependents .....

E. Total exemptions claimed (add A, B, C, and D) .....

### PART 3: GROSS INCOME: Enter gross income and assistance, taxable and nontaxable, received by ALL members of your household in the year 2004.

- 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 .....
- 2003 Earned Income Credit (EIC) received in 2004 and Advanced EIC received in 2004 .....
- Nontaxable sources of income (specify) .....
- Enter **gross** income from rental, royalties, partnerships, estates and trusts, and gains from the sale or exchange of property (taxable & nontaxable) (enclose Federal return including schedules) .
- Enter **gross** income from business and farm (enclose Federal return including schedules) .....
- Other (specify) .....
- Total gross household income (Add lines 1-13) .....

Yearly Income	
You may not enter negative amounts.	
1	00
2	00
3	00
4	00
5	00
6	00
7	00
8	00
9	00
10	00
11	00
12	00
13	00
14	00

If line 14 is over income limits shown in steps 3 and 4 on back of this form, no credit is allowed.

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

15. Total qualified exemptions claimed in Box E above   x \$40 (credit claimed) 15     00

If you are filing a Form 511, carry the amount on line 15 to the Form 511, line 30.

### DIRECT DEPOSIT OPTION:

(for those not filing a Form 511)  Yes! Please deposit my refund in my  checking account  savings account

Routing Number:

Account Number:

Under penalty of perjury, I declare that 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:  Occupation:

If the Oklahoma Tax Commission may discuss this return with your tax preparer, please check here:

Preparer's Signature and Date: