



Name(s) shown on Form 511NR: \_\_\_\_\_

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

**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	.00
33	<b>Total payments and credits</b> (line 31 minus line 32) .....	33	.00
34	If line 33 is more than line 25, subtract line 25 from line 33. This is your <b>overpayment</b> .....	34	.00
35	Amount of line 34 to be applied to 2022 estimated tax ( <b>original return only</b> ) (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	<b>Total deductions from refund</b> (add lines 35 and 36) .....	37	.00
38	Amount to be <b>refunded</b> (line 34 minus line 37) .....	38	.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: \_\_\_\_\_

**savings account** Account Number: \_\_\_\_\_

39	If line 25 is more than line 33, subtract line 33 from line 25. This is your <b>tax due</b> .....	39	.00
40	Donation: Public School Classroom Support Fund ( <b>original return only</b> ) .....	40	.00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> ) .....	41	.00
42	<b>For delinquent payment</b> add penalty of 5% \$ _____ plus interest of 1.25% per month..... \$ _____	42	.00
43	<b>Total tax, donation, penalty and interest</b> (add lines 39-42) .....	43	.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	
Daytime Phone Number (optional)	

Spouse's signature	Date
Spouse's occupation	

Paid Preparer's signature	Date
Paid Preparer's address and phone number	
Paid Preparer's PTIN	

**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