

INSTRUCTIONS FOR COMPLETING TAX RETURN

(Instructions continued from front)

refunded to the pass-through entity. The total tax paid, including overpayments, will be claimed on the nonresident members income tax return.

Interest and Penalty

If you were required to make estimated withholding tax payments, complete Form OW-9-P to determine the amount to enter on lines 5 and 6. Complete Form OW-9-P even if you did not make any of the required estimated withholding tax payments.

LINE 5. Underpayment of Estimated Tax Penalty and Interest

- If you were not required to make estimated withholding tax payments, you do not owe underpayment penalty and interest.
- If you were required to make estimated withholding tax payments, use Form OW-9-P to compute any underpayment penalty and interest due. Enter the amount from Form OW-9-P, line 18.

LINE 6. Delinquent Penalty and Interest

- If you were not required to make estimated withholding tax payments and this Annual Report and remittance is postmarked after the due date, add the sum of the following:
 - ⇒ Delinquent interest computed by multiplying line 4 by 1.25% for each month or part thereof, from the due date until paid.
 - ⇒ Delinquent penalty computed by multiplying line 4 by 10%.
- If you were required to make estimated withholding tax payments and this Annual Report and remittance is postmarked after the due date, use Form OW-9-P to compute the delinquent penalty and interest due. Enter the amount from Form OW-9-P, line 26.

LINE 7. Add lines 4, 5 and 6. This is the amount you owe.

WHO MUST FILE

Each pass-through entity that makes a distribution to a nonresident member is required to deduct and withhold Oklahoma income tax, at the rate of 5%, from each distribution being made with respect to Oklahoma taxable income. The obligation to deduct and withhold from such distributions does not apply to those distributions which are made to current or permanent residents of Oklahoma or to entities exempt from the withholding requirement under Rule 710:90-3-11.

WHEN TO FILE

The pass-through entity shall file a return on or before the due date of the pass-through entity's income tax return, including extensions.

If the Oklahoma Tax Commission, in any case, has justifiable reason to believe that the collection of the amount withheld is in jeopardy, the Tax Commission may require a remitter to file a return and pay the withheld amounts at any time.

Each remitter must provide nonresident members a Form 500-B, by the due date of the pass-through entity's income tax return, including extensions, showing their respective amount of distributed Oklahoma taxable income and tax withheld. Copies of Form 500-B, along with Form 501, must be sent to the Oklahoma Tax Commission by the same date.

ESTIMATED WITHHOLDING TAX PAYMENTS

You were required to make estimated withholding tax payments if the amount required to be withheld from all nonresident members (line 2 of Annual Report) for the taxable year could reasonably have been expected to exceed Five Hundred Dollars (\$500.00). All pass-through entities may elect to make estimated tax payments.

WHO TO CONTACT FOR ASSISTANCE

To order Nonresident Oklahoma Distributed Income Withholding Tax Annual Reporting forms or for assistance, please call the Oklahoma Tax Commission at (405) 521-3160.

GENERAL INFORMATION

Mandatory inclusion of social security and/or federal identification numbers are required on forms filed with the Oklahoma Tax Commission, pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission.

The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax law.

Sign, date and detach the report at the perforation and mail, with remittance if applicable, in the enclosed return envelope to:

Oklahoma Tax Commission • Post Office Box 26860 • Oklahoma City, OK 73126-0860

If you checked Item F complete the following:

Was business sold? Yes No  If no - Will it be reopened? Yes No
 ↓ ↓
 If yes - To whom? If yes - When?

Record of Estimated Withholding Tax Payments (Line 3 on front of form)

quarter	date paid	amount
1		
2		
3		
4		
total		

Changes in preprinted information:

If you checked item E, indicate the changes only below.

FEI/SSN: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____