

FEDERAL INCOME TAX DEDUCTION

33	1998 Federal income tax (not the amount withheld) (see instructions)	33		00
34	Percentage allowable: Divide line 29A by line 18A. If line 29A is equal to or larger than 18A, enter 100%	34		%
35	Multiply line 33 by line 34. (Enter the result here and on line 54)	35		00

CREDIT FOR CHILD CARE: (PART-YEAR AND MILITARY ONLY)

36	Federal child care credit (see instructions and enclose a copy of 2441 and page 2 of 1040 or Sch. 2 and 1040A)	36		00
37	Multiply line 36 by 20%	37		00
38	Percentage allowable: Divide line 29A by line 18A. If line 29A is equal to or larger than 18A, enter 100%	38		%
39	Oklahoma child care credit (multiply line 37 by line 38) (enter the result here and on line 58)	39		00

ADJUSTMENTS NECESSARY TO ARRIVE AT TAXABLE INCOME

40	Adjusted Gross Income - All Sources (page 1, line 29A)	40		00
41	Partial military pay exclusion (not retirement, see instructions)	41		00
42	Qualifying disability deduction (part-year residents only)	42		00
43	Political contributions (limited to \$100 single, \$200 joint)	43		00
44	Interest qualifying for exclusion (limited to \$100 single, \$200 joint)	44		00
45	Qualified medical savings account (see instructions)	45		00
46	Qualified adoption expense (see instructions)	46		00
47	Agricultural commodity processing facility exclusion (see instructions)	47		00
48	Depreciation adjustment for swine or poultry producers (see instructions)	48		00
49	Total (add lines 41 through 48)	49		00
50	Income after adjustments (subtract line 49 from line 40)	50		00
51	Deductions and exemptions (from page 1, line 32)	51		00
52	Taxable income for METHOD 1 (subtract line 51 from line 50)	52		00
53	Tax from Tax Table 1	53		00
54	Federal income tax deduction (from line 35)	54		00
55	Taxable income for METHOD 2 (subtract line 54 from line 52)	55		00
56	Tax from Tax Table 2	56		00

ROUND
TO THE
NEAREST
DOLLAR

TAX COMPUTATION • CREDITS • REFUND OR TAX DUE

57	Tax from Tax Table (enter the lesser of line 53 or 56)	57		00								
58	Credit for child care (from line 39)	58		00								
59	Subtract line 58 from line 57 (this is your tax base)	59		00								
60	Income percentage: Oklahoma Amount (from line 29)			%								
	Federal Amount (from line 29A)	= 60		%								
61	Multiply line 59 by line 60 (This is your Oklahoma Income Tax)	61		00								
62	Investment/New Jobs credit (enclose Form 506)	62		00								
63	Credit for tax paid to another state (enclose Okla. Schedule E)	63		00								
64	Credits from Form 511CR	64		00								
65	Total (add lines 62, 63, and 64)	65		00								
66	Balance (subtract line 65 from line 61, but not less than zero)	66		00								
67	Oklahoma income tax withheld (enclose W-2 or 1099's)	67		00								
68	1998 Oklahoma estimated tax payments	68		00								
	Check box if qualified farmer <input type="checkbox"/>											
69	1998 payments with extension	69		00								
70	Total (add lines 67, 68 and 69)	70		00								
71	If line 70 is larger than line 66, enter the amount overpaid	Overpaid 71		00								
72	Amount of line 71 to be credited on 1999 estimated tax	72		00								
73	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Complete this area if you wish to donate from your refund:</td> <td style="width: 25%;"> Oklahoma Wildlife Diversity Program 73A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00 </td> <td style="width: 25%;"> Veterans Affairs Capital Improvement Program 73C <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00 </td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td> Low Income Health Care Fund 73B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00 </td> <td> Oklahoma Breast Cancer Research Program 73D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00 </td> <td></td> </tr> </table>	Complete this area if you wish to donate from your refund:	Oklahoma Wildlife Diversity Program 73A <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00	Veterans Affairs Capital Improvement Program 73C <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00			Low Income Health Care Fund 73B <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00	Oklahoma Breast Cancer Research Program 73D <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ 00				
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74	Total (add lines 73A, 73B, 73C and 73D)	74		00								
75	Amount to be refunded to you (subtract lines 72 and 74 from line 71)	Refund 75		00								
76	If line 66 is larger than line 70, enter the tax due	Tax Due 76		00								
77	Underpayment of estimated tax, penalty and interest (enclose OW-8-P)	77		00								
78	For delinquent payment, add penalty of 5% _____ plus interest at 1.25% per month	78		00								
79	Total tax, penalty, and interest (add lines 76, 77 and 78)	Balance Due 79		00								

A COPY OF YOUR FEDERAL RETURN MUST BE ENCLOSED.

Please remit to: Oklahoma Tax Commission
P.O. Box 26800, Oklahoma City, OK 73126-0800

Please check here if the Oklahoma Tax Commission may discuss this return with your tax preparer

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

Taxpayer's signature _____ date _____	Spouse's signature _____ date _____	Paid Preparer's signature _____ I.D. Number _____
Taxpayer's occupation _____	Spouse's occupation _____	Paid Preparer's address and phone number _____