

# RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, Oklahoma 73126-0800  
Section 501 (c) of the Internal Revenue Code

TAX YEAR \_\_\_\_\_  
FORM **512E**  
Revision 2000

For the year  -  or other taxable year beginning  ending

Date Qualified for tax exempt status	Name of organization	Federal identification number
	Address number and street	OFFICE USE ONLY
	City, State and Zip	

Enter the name and address used on your return for prior year (if same write same). If none filed, give reason.

(PLEASE READ INSTRUCTIONS ON PAGE 2)

## STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME

	TOTAL FEDERAL	ALLOCABLE OKLAHOMA
Total Unrelated Trade or Business Income - Federal Form(s) 990 .....		
Total Unrelated Trade or Business Deductions - Federal Form(s) 990 ...		
Unrelated Business Taxable Income (Enter on Line 1 below) .....		

### INCOME SUBJECT TO TAX

<input type="checkbox"/> 1	Unrelated business taxable income - from statement above (allocable Oklahoma) .....	<input type="checkbox"/> 1	
<input type="checkbox"/> 2	Other net income - enclose schedule .....	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	Oklahoma taxable income (total of lines 1 and 2) .....	<input type="checkbox"/> 3	

### TAX

<input type="checkbox"/> 4	Tax at 6% of Line 3 (If Trust - See Rate Schedule on page 2) .....	<input type="checkbox"/> 4	
<input type="checkbox"/> 5	Tax Paid on Estimate .....	<input type="checkbox"/> 5	
<input type="checkbox"/> 6	Overpayment (if line 5 is larger than line 4) enter amount overpaid .....	<input type="checkbox"/> 6	
<input type="checkbox"/> 7	Amount of Line 6 to be credited to the following year estimated tax .....	<input type="checkbox"/> 7	
Deductions from refund: If you wish to donate from your tax refund, check and enter amount			
<input type="checkbox"/> 8	Oklahoma Wildlife Diversity Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$_____ .....	<input type="checkbox"/> 8	
<input type="checkbox"/> 9	Veterans Affairs Capital Improvement Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$_____ .....	<input type="checkbox"/> 9	
<input type="checkbox"/> 10	Oklahoma Breast Cancer Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$_____ .....	<input type="checkbox"/> 10	
<input type="checkbox"/> 11	Add lines 7, 8, 9, and 10 and enter amount .....	<input type="checkbox"/> 11	
<input type="checkbox"/> 12	Amount to be refunded to you (Line 6 minus line 11) ..... REFUND	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	Tax Due (if line 4 is larger than line 5) enter tax due ..... TAX DUE	<input type="checkbox"/> 13	
<input type="checkbox"/> 14	For Delinquent Payment, add Penalty of 5% _____ plus Interest at 1 1/4% per month	<input type="checkbox"/> 14	
<input type="checkbox"/> 15	Underpayment of Estimated Tax Interest .....	<input type="checkbox"/> 15	
<input type="checkbox"/> 16	Total Penalty and Interest (Add Lines 14 and 15) .....	<input type="checkbox"/> 16	
<input type="checkbox"/> 17	Total Tax, Penalty and Interest Due - Pay in Full with Return ..... BALANCE	<input type="checkbox"/> 17	

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

Under penalties of perjury, I declare that I have examined this return, including accompanying returns, schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

_____	_____	_____
Date	Signature of officer or trustee	Title
_____	_____	_____
Date	Signature of individual or firm preparing this return	Address

## INSTRUCTIONS

- A.** Every organization shall make a return for each year. Title 68 O.S. 1991 § 2368.
- B.** The filing date shall be the same as required by the Internal Revenue Code.
- C.** Exempt Organizations are subject to tax on unrelated business income. Title 68 O.S. 1991 § 2359.
- D.** Investment income of Exempt Organizations subject to Federal Excise tax is not subject to Oklahoma Income Tax; however, any income subject to Income tax under Internal Revenue Code is subject to Oklahoma Income Tax.
- E.** Complete the Oklahoma Statement of Unrelated Business Income and attach schedule of any other taxable income.
- F.** Total Unrelated Trade or Business Deductions includes the \$1,000 specific deduction allowed on the Federal return.
- G.** Attach copies of applicable Form(s) 990, and supporting schedules filed with Internal Revenue Service.
- H.** If you do not have a Federal Employers Identification number, obtain the form SS-4 from Internal Revenue Service. Fill out the form SS-4, then call Internal Revenue Service at (512) 460-7843 to obtain the Employer Identification number.

**NOTE: If Exempt Organization is a Trust, the following tax rates apply.  
Tax rates for year beginning after December 31, 1998:**

If taxable income is:			
At least	But less than		
-0-	1,000	.....	<b>Pay 1/2 of 1% of Taxable Income</b>
1,000	2,500	.....	<b>Pay ..... 5.00 + 1% over .... 1,000</b>
2,500	3,750	.....	<b>Pay ..... 20.00 + 2% over .... 2,500</b>
3,750	4,900	.....	<b>Pay ..... 45.00 + 3% over .... 3,750</b>
4,900	6,200	.....	<b>Pay ..... 79.50 + 4% over .... 4,900</b>
6,200	7,700	.....	<b>Pay .... 131.50 + 5% over .... 6,200</b>
7,700	10,000	.....	<b>Pay .... 206.50 + 6% over .... 7,700</b>
10,000	over	.....	<b>Pay ..... 344.50 + 6.75% over .. 10,000</b>