

Oklahoma Income Tax Declaration for Electronic Filing

(for Form 512, 512-E, 512-S, 513, 513-NR, or 514)

Do not send to the Oklahoma Tax Commission (OTC). Keep Form EF for your records.**2025**
FORM EF

For calendar year 2025 or tax year beginning _____, 2025 and ending _____, 20____.

Name of Entity

Federal Employer Identification Number

1 TAX RETURN INFORMATION (Whole dollars only. Complete lines A and B. Enter the applicable amounts from the return, if any.)

Form 512:	A. Oklahoma taxable income (Form 512, line 1).....	00
	B. Refund or balance due (Form 512, line 16 or 20).....	00
Form 512-E	A. Oklahoma taxable income (Form 512-E, line 4)	00
	B. Refund or balance due (Form 512-E, line 17 or 21)	00
Form 512-S:	A. Nonresident share of taxable income (Form 512-S, line 1)	00
	B. Refund or balance due (Form 512-S, line 16 or 20)	00
Form 513:	A. Taxable income of fiduciary (Form 513, line 24)	00
	B. Refund or balance due (Form 513, line 37 or 41)	00
Form 513-NR:	A. Taxable income of fiduciary (Form 513-NR, line 26).....	00
	B. Refund or balance due (Form 513-NR, line 41 or 45)	00
Form 514:	A. Nonresident share of income (Form 514, line 1)	00
	B. Refund or balance due (Form 514, line 14 or 18).....	00

2 DECLARATION OF OFFICER, PARTNER, MEMBER, OR FIDUCIARY**2a** ☐ I consent the refund be directly deposited as designated in the electronic portion of the Oklahoma income tax return.**2b** ☐ I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a balance due return is being filed, I understand that if the OTC does not receive full and timely payment of the tax liability, the entity will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on the return with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part 1 above, and I agree with the amounts shown on the corresponding lines of the Oklahoma income tax return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent the return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the OTC of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign**Here:**

Signature of Officer, Partner, Member, or Fiduciary

Date

Title

3 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form EF and have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in the Federal Publication for Modernized e-File. If I am also a Paid Preparer, under penalties of perjury, I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Sign**Here:**

ERO Signature

Date

PTIN

Phone Number with Area Code

Sign**Here:**

Paid Preparer Signature

Date

PTIN

Phone Number with Area Code

Firm Name (or yours if self-employed): _____

Address and ZIP: _____

ERO Must Retain Form EF - Do Not Submit This Form to the Oklahoma Tax Commission Unless Requested.