



Name(s) Shown on Form 511NR: _____

Your Social Security Number: _____

		Amount from line 32 on page 2	
33	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	33	00
34	Total payments and credits (line 32 minus line 33)	34	00
35	If line 34 is more than line 24, subtract line 24 from line 34. This is your overpayment	35	00
36	Amount of line 35 to be applied to 2025 estimated tax (original return only) (see pages 4-5 of 511NR Packet for further information).....	36	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 ...

37	Donations from your refund (total from Schedule 511NR-G)	37	00
38	Total deductions from refund (add lines 36 and 37)	38	00
39	Amount to be refunded (line 35 minus line 38)	39	00

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. See the 511-NR Packet for direct deposit, debit card and paper check information.

Send my refund as a:

- Debit Card
- Paper Check

Is this refund going to or through an account that is located outside of the United States? Yes No

Direct Deposit my refund in my:

- Checking Account Routing Number: _____
- Savings Account Account Number: _____

40	If line 24 is more than line 34, subtract line 34 from line 24. This is your tax due	40	00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)	41	00
42	For delinquent payment add penalty of 5%.....\$ _____		
	plus interest of 1.25% per month.....\$ _____	42	00
43	Total tax, penalty and interest (add lines 40-42)	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
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.