



SSN: _____

Amount from line 31 on page 2 _____

- 32 Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) _____
- 33 **Total payments and credits** (line 31 minus line 32) _____
- 34 If line 33 is more than line 23, subtract line 23 from line 33. This is your **overpayment** _____
- 35 Amount of line 34 to be applied to 2026 estimated tax (**original return only**)
(see page 4 of 511-NR Packet for further information) _____

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 on line 36. If you give to more than one organization, put a "99" in the box on line 36. Provide Schedule 511-NR-G.

- 36 Donations from your refund (total from Schedule 511-NR-G) _____
- 37 Total deductions from refund (add lines 35 and 36) _____
- 38 Amount to be refunded to you (line 34 minus line 37) _____

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 <input type="checkbox"/> Paper Check <input type="checkbox"/>	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Direct Deposit my refund in my: <input type="checkbox"/> Checking Account Routing Number: _____ <input type="checkbox"/> Savings Account Account Number: _____
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- 39 If line 23 is more than line 33, subtract line 33 from line 23. This is your **tax due** _____
- 40 Underpayment of estimated tax interest (annualized installment method) _____
- 41 (a) For delinquent payment add penalty of 5% _____
 (b) For delinquent payment add interest of 1.25% per month _____
- 42 **Total** tax, penalty and interest (add lines 39 through 41b) _____

If the Oklahoma Tax Commission may discuss this return with your tax preparer, place an 'X' here: Make check payable to the Oklahoma Tax Commission

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.

Taxpayer's Signature	Date	Spouse's Signature	Date	Paid Preparer's Signature	Date
Taxpayer's Occupation		Spouse's Occupation		Paid Preparer's Address and Phone Number	
Daytime Phone (optional)		Daytime Phone (optional)		Preparer's PTIN	

A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Do not staple documentation to this form. To attach items, 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.