



Oklahoma Resident Fiduciary Return of Income

FORM 513 IS FOR RESIDENTS ONLY. NONRESIDENTS USE FORM 513-NR.

This form must be filed on or before the 15th day of the fourth month after the close of the taxable year.

For the year January 1 - December 31, 2024, or other taxable year beginning <input type="text" value="2024"/> ending <input type="text"/>		IMPORTANT! Was a Fiduciary Income Tax Return filed for the previous year? Yes <input type="checkbox"/> No <input type="checkbox"/>																
Name of Estate or Trust <input type="text"/>		Federal Employer Identification Number <input type="text"/>																
Address of Fiduciary (Number and street) <input type="text"/>		Name of Fiduciary <input type="text"/>																
City <input type="text"/>		State or Province <input type="text"/>																
Country <input type="text"/>		ZIP or Foreign Postal Code: <input type="text"/>																
<p>Place an 'X' in all applicable boxes:</p> <table> <tr> <td><input type="checkbox"/> Decedent's Estate</td> <td><input type="checkbox"/> Grantor Type Trust</td> <td><input type="checkbox"/> Pooled Income Fund</td> </tr> <tr> <td><input type="checkbox"/> Simple Trust</td> <td><input type="checkbox"/> Complex Trust</td> <td><input type="checkbox"/> Bankruptcy Estate</td> </tr> <tr> <td><input type="checkbox"/> ESBT</td> <td><input type="checkbox"/> Charitable Trust</td> <td colspan="2">Number of Beneficiaries: <input type="text"/></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (describe): <input type="text"/></td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> Decedent's Estate	<input type="checkbox"/> Grantor Type Trust	<input type="checkbox"/> Pooled Income Fund	<input type="checkbox"/> Simple Trust	<input type="checkbox"/> Complex Trust	<input type="checkbox"/> Bankruptcy Estate	<input type="checkbox"/> ESBT	<input type="checkbox"/> Charitable Trust	Number of Beneficiaries: <input type="text"/>		<input type="checkbox"/> Other (describe): <input type="text"/>				
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<p>Place an 'X' if: (1) <input type="checkbox"/> Initial Return (2) <input type="checkbox"/> Final Return (3) <input type="checkbox"/> Amended Return (See Schedule 513-X on page 5)</p>																		

PART 1 Important: Provide a copy of your Federal return. Also provide a schedule for Oklahoma amounts when different from Federal.

INCOME (PROVIDE NECESSARY SCHEDULE(S) FOR LINES 2-10)

1	Interest income (except government obligations).....
2	Interest on obligations of the United States
3	State and municipal interest.....
4	Dividends.....
5	Business income or (loss)
6	Capital gain or (loss)
7	Rents, royalties, partnerships, other estates and trusts, etc
8	Farm income or (loss)
9	Ordinary gain or (loss).....
10	Other income (state nature of income).....
11	Total income (add lines 1 through 10)

	Column A As reported on Federal return	Column B Total applicable to Oklahoma	
		00	00
		1	00
		2	00
		3	00
		4	00
		5	00
		6	00
		7	00
		8	00
		9	00
		10	00
		11	00



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Name of Estate or Trust:

Federal Employer Identification Number:

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DEDUCTIONS

12	Interest (provide schedule).....
13	Taxes (provide schedule)
14	Fiduciary fees (provide waiver for estates)
15	Charitable deduction
16	Attorney, accountant, and return preparer fees.....
17	Oklahoma capital gain deduction (provide Form 561-F)
18	Other deductions (provide schedule)
19	Income distribution deduction (use Oklahoma Schedule K-1; see instructions).....
20	Federal estate tax deduction (provide schedule)
21	Exemption
22	Total deductions (add lines 12 through 21).....
23	Taxable income of fiduciary (subtract line 22 from line 11).....

	Column A As reported on Federal return	Column B Total applicable to Oklahoma	
		00	00
		12	00
		13	00
		14	00
		15	00
		16	00
		17	00
		18	00
		19	00
		20	00
		21	00
		22	00
		23	00

24	Tax on amount on line 23, Column B (from tax table - see 513 Packet) If an ESBT or Charitable Trust, see the instructions and enter "1" in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a "2" in the box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	24	00
25	Credits: Enter number in box for type of credit. Provide Form 511-CR. (See instructions)	25	00
26	Balance of tax due (subtract line 25 from line 24, but not less than zero).....	26	00
27	2024 Oklahoma estimated tax payments (i.e. Form(s) OW-8-ESC and prior year overpayment carryforward)	27	00
28	Amount paid with extension request.....	28	00
29	Oklahoma withholding (provide Form 1099, 500-B or other withholding statement).....	29	00
30	Refundable Credit from Form 578.....	30	00
31	Amount paid with original return and amount paid after it was filed (amended return only)	31	00
32	Any refunds or overpayment applied (amended return only)	32 () 00
33	Total of lines 27 through 32	33	00



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	Amount from line 33 on page 2	00
34	If line 33 is larger than line 26, enter amount overpaid (line 33 minus line 26).....	34 00
35	Amount of line 34 to be credited to 2025 estimated tax (original return only)	35 00
36	Amount of line 34 to be refunded to you (line 34 minus line 35).....	Refund 36 00

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

Elect to have your refund directly deposited into your checking or savings account.

For Direct Deposit information, see page 18 of the 513 Packet.

Deposit my refund in my: Checking Account Savings Account

Routing Number: _____

Account Number: _____

37	If line 26 is larger than line 33, enter tax due (line 26 minus line 33)	Tax Due 37 00
38	Underpayment of estimated tax interest.....	Annualized <input type="checkbox"/> 38 00
39	For delinquent payment, add penalty of 5%..... \$ _____ plus interest at 1.25% per month	\$ _____ 39 00
40	Total tax, penalty and interest (add lines 37, 38 and 39).....	Balance Due 40 00

If you have asked for an extension from the IRS, place an 'X' here and provide a copy with this return

Make check payable to the
Oklahoma Tax Commission

If the Tax Commission may discuss this return with your tax preparer, place an 'X' here

Under penalties of perjury, I declare I have examined this return, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by person other than the taxpayer, this declaration is based on all information of which preparer has any knowledge.

Signature of Fiduciary	Date
Printed Name of Fiduciary	Fiduciary Email Address
Title of Fiduciary	Phone Number
Signature of Preparer	Date
Printed Name of Preparer	Preparer Email Address
Phone Number	Preparer's PTIN

Mailing address for this form: Oklahoma Tax Commission, 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.



Form 513 - page 4
Oklahoma
Schedule K-1

Part 2: Beneficiary's Share of Income and Deductions

2024

For calendar year 2024 or fiscal year beginning _____, 2024
and ending _____, _____.

Amended K-1
 Final K-1
 Nonresident

Name of Estate or Trust

Beneficiary's FEIN/SSN

Estate's or Trust's Federal Employer Identification Number

Beneficiary's Name, Address and ZIP

Fiduciary's Name, Address and ZIP

INCOME

	FEDERAL	OKLAHOMA
1 Interest.....	1	
2 Dividends.....	2	
3 Short-term capital gain (or loss)	3	
4 Long-term capital gain (or loss).....	4	
5 Other taxable income:		
a. Annuities, royalties and other nonbusiness income	5a	
b. Trade or business, rental real estate and other business income	5b	
6 State and municipal interest.....	6	
7 U.S. interest.....	7	

DEDUCTIONS

8	a. Depreciation, depletion, amortization attributable to line 5a.....	8a	
	b. Depreciation, depletion, amortization attributable to line 5b	8b	
9	Expenses allocable to Federally-exempt income	9	
10	Expenses allocable to Oklahoma-exempt income.....	10	
11	Deductions in the final year of trust or decedent's estate:		
	a. Excess deductions on termination.....	11a	
	b. Net operating loss carryover.....	11b	
12	Withholding.....	12	
13	Other:		
	a. _____	13a	
	b. _____	13b	
	c. _____	13c	
	d. _____	13d	
	e. _____	13e	
	f. _____	13f	
	g. _____	13g	



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SCHEDULE 513-X: AMENDED RETURN SCHEDULE

A Did you file an amended Federal income tax return? Yes No
If yes, **provide** a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

B Is this return being filed due to a federal audit? Yes No
If yes, **provide** a complete copy of the RAR.

C Explanation or Reason for Amended Return (**Provide** all necessary schedules):

Instructions for Filing an Amended Return

When filing an amended return, place an "X" in the Amended Return check-box on page 1. Enter any amount(s) paid with the original return plus any amount(s) paid after it was filed on line 31. Enter any refund previously received or overpayment applied on line 32. Complete the Amended Return Schedule, Schedule 513-X above.

Provide the amended Federal return and proof of disposition by the Internal Revenue Service when applicable.

An overpayment on an amended return may not be credited to estimated tax, but will be refunded. The amount applied to estimated tax on the original return cannot be adjusted.