



OKLAHOMA RESIDENT INCOME TAX RETURN

Your Social Security Number

Place an 'X' in this box if this taxpayer is deceased → ☐
AMENDED RETURN!
Place an 'X' in this box if this is an amended 511. See Schedule 511-H. → ☐Spouse's Social Security Number
(joint return only)
Place an 'X' in this box if this taxpayer is deceased → ☐NAME AND ADDRESS
PLEASE PRINT OR TYPE

Your first name, middle initial and last name

Joseph F. Davis

If a joint return, spouse's first name, middle initial and last name

Mailing address (number and street, including apartment number, rural route or PO Box)

City, State and ZIP

OK

NOT REQUIRED TO FILE

Place an 'X' in this box if you do not have sufficient gross income to require you to file a Federal return. (see instructions) ☒

FILING STATUS

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate
- If spouse is also filing, list name and SSN in the boxes: Name: SSN:
- 4 ☐ Head of household with qualifying person
- 5 ☐ Qualifying widow(er) with dependent child
- Please list the year spouse died in box at right:

AGE 65 OR OVER? (Please see instructions)

☐

Yourself

☐

Spouse

* NOTE: If claiming Special Exemption, see instructions on page 7 of 511 Packet.

	REGULAR	*SPECIAL	BLIND		
YOURSELF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	
SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	
NUMBER OF DEPENDENT CHILDREN					
NUMBER OF OTHER DEPENDENTS					

ADD THE TOTALS FROM THE 4 BOXES.
WRITE THE TOTAL IN THE BOX BELOW.

TOTAL	1
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NOTE: IF YOU MAY BE CLAIMED AS A DEPENDENT ON ANOTHER RETURN, ENTER "0" FOR YOUR REGULAR EXEMPTION.

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

If you are not required to file, see page 5 of the 511 Packet.

If line 7 is different than line 1, enclose a copy of your Federal return.

- 1 Federal adjusted gross income (from Federal 1040, 1040A, or 1040EZ) ... 1
- 2 Oklahoma Subtractions (enclose Schedule 511-A) ... 2
- 3 Line 1 minus line 2 ... 3
- 4 Out-of-state income, except wages. Describe (4a)
(Enclose Federal schedule with detailed description; see instructions) ... 4b
- 5 Line 3 minus line 4b ... 5
- 6 Oklahoma Additions (enclose Schedule 511-B) ... 6
- 7 **Oklahoma adjusted gross income** (line 5 plus line 6) ... 7

Round to Nearest Whole Dollar

1	-0-	00
2		00
3		00
4b		00
5		00
6		00
7		00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

Oklahoma Standard Deduction:

• Single or Married Filing Separate:

\$6,100

• Married Filing Joint or Qualifying Widow(er):

\$12,200

• Head of Household:

\$8,950

Itemized Deductions: Enclose copy of the Federal Schedule A.

- 8 Oklahoma Adjustments (enclose Schedule 511-C) ... 8
- 9 Oklahoma income after adjustments (line 7 minus line 8) ... 9
- STOP AND READ:** If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-D and do not complete lines 10-11.
- 10 Oklahoma standard deduction or Federal itemized deductions ... 10
- 11 Exemptions (\$1,000 x total number of exemptions claimed above) ... 11
- 12 Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-D, line 5) ... 12
- 13 **Oklahoma Taxable Income** (line 9 minus line 12) ... 13
- 14 Oklahoma Income Tax from Tax Table (see pages 20-31 of instructions)
If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box.
If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box. ☐ 14

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedule 511-E.

- 15 Oklahoma child care/child tax credit (see instructions) ... 15
- 16 Credit for taxes paid to another state (enclose Form 511TX) ... 16
- 17 Form 511CR - Other Credits Form. List 511CR line number claimed here.. ☐ 17
- 18 **Income Tax** (line 14 minus lines 15-17) **Do not enter less than zero** ... 18

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 43.

8		00
9		00
10		00
11		00
12		00
13		00
14		00
15		00
16		00
17		00
18		00

Name(s) shown
on Form 511:

Joseph F. Davis

Your Social
Security Number:

PART THREE: TAX, CREDITS AND PAYMENTS

19	Total from line 18	19		00
20	Use tax due on Internet, mail order, or other out-of-state purchases	20	- 0 -	00
(For use tax table, see page 11 of the Packet) If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/>				
21	Balance (add lines 19 and 20)	21	- 0 -	00
22	Oklahoma withholding (enclose all W-2s, 1099s or other withholding statements) .. 22		\$ 456	00
23	2013 estimated tax payments (qualified farmer <input type="checkbox"/>)	23		00
24	2013 payment with extension	24		00
25	Low Income Property Tax Credit (enclose Form 538-H)	25		00
26	Sales Tax Relief Credit (enclose Form 538-S)(see back of Form 538-S or 511 Packet for further information)	26		00
27	2012 or 2013 Natural Disaster Tax Credit (enclose Form 576)	27		00
28	Oklahoma Earned Income Credit (see instructions)(if line 7 is equal to or more than line 1, complete line 28. If line 7 is smaller than line 1, complete Schedule 511-F. If you are not required to file, see "Not Required to File" on page 5 of the 511 Packet for instructions)	28		00
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29		00
30	Payments and credits (add lines 22-29)	30	\$ 456	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	31		00
32	Total payments and credits (line 30 minus line 31)	32	\$ 456	00

PART FOUR: REFUND

33	If line 32 is more than line 21, subtract line 21 from line 32. This is your overpayment .. 33		\$ 456	00
34	Amount of line 33 to be applied to 2014 estimated tax (original return only)	34	- 0 -	00
Schedule 511-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-G in the box below. If you give to more than one organization, put a "99" in the box. Enclose Schedule 511-G. <input type="checkbox"/>				
35	Donations from your refund (total from Schedule 511-G) .. 35			00
36	Total deductions from refund (add lines 34 and 35)	36	- 0 -	00
37	Amount to be refunded to you (line 33 minus line 36)	37	\$ 456	00

Direct Deposit Note:

For Direct Deposit Information see the 511 Packet. If you do not have your refund deposited directly into your bank account, you will receive a debit card. For debit card information see "All About Refunds" in the 511 Packet.

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

Deposit my refund in my:

☐ checking accountRouting
Number:☐ savings accountAccount
Number:

PART FIVE: AMOUNT YOU OWE

38	If line 21 is more than line 32, subtract line 32 from line 21. This is your tax due 38			00
39	Donation: Eastern Red Cedar Revolving Fund	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	39	00
40	Donation: Public School Classroom Support Fund ..	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	40	00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>)		41	00
42	For delinquent payment add penalty of 5%	\$	42	00
	plus interest of 1.25% per month	\$		00
43	Total tax, donation, penalty and interest (add lines 38-42)		43	- 0 - 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
<i>Private Worker</i>	4-11-14
Taxpayer's occupation	
Daytime Phone (optional)	

Spouse's signature	Date
Spouse's occupation	
Daytime Phone (optional)	

Paid Preparer's signature	Date
Paid Preparer's address and phone number	

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

1 Name(s) shown on returnJoseph F. Davis**2** Your social security number**3** Address**4** Enter year in space provided and check one box. For the tax year ending December 31, 2013,I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP codeCTC, INC4701 NE 23rd St. Oklahoma City, OK 73121**6** Employer's or payer's identification number (if known)**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation0**g** State income tax withheld25**b** Social security wages0(Name of state) OK**c** Medicare wages and tips0**h** Local income tax withheld**d** Advance EIC payment0

(Name of locality)

e Social security tips**i** Social security tax withheld61.66**f** Federal income tax withheld2.00**j** Medicare tax withheld14.42**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**a** Gross distribution**f** Federal income tax withheld**b** Taxable amount**g** State income tax withheld**c** Taxable amount not determined ☐**h** Local income tax withheld**d** Total distribution ☐**i** Employee contributions**e** Capital gain (included in line 8b)**j** Distribution codes**9** How did you determine the amounts on lines 7 and 8 above? Payer erroneously issued "wage" statements not in accordance with IRC 3401(a) + 3121(a). Bad payer data concerning amounts withheld are overpayment. 6401(c). Dealings between me & payer shouldn't have been reported but were anyway in error. I received no such "wages."**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.None as of yet. The original is in error.**Sign
Here**

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶

Date ▶ 3-23-14

Form **4852**

(Rev. August 2013)

Department of the Treasury
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

1 Name(s) shown on returnJoseph Franklin Davis**2** Your social security number**3** AddressOK.**4** Enter year in space provided and check one box. For the tax year ending December 31, 2013,I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP codePeoplease, LLC 210 Wingo Way Suite 400 Mt. Pleasant S.C. 29464-1805**6** Employer's or payer's identification number (if known)**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation0**g** State income tax withheld399.00**b** Social security wages0(Name of state) OK**c** Medicare wages and tips0**h** Local income tax withheld**d** Advance EIC payment0

(Name of locality)

e Social security tips0**i** Social security tax withheld801.52**f** Federal income tax withheld1025.28**j** Medicare tax withheld187.46**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**a** Gross distribution**f** Federal income tax withheld**b** Taxable amount**g** State income tax withheld**c** Taxable amount not determined ☐**h** Local income tax withheld**d** Total distribution ☐**i** Employee contributions**e** Capital gain (included in line 8b)**j** Distribution codes**9** How did you determine the amounts on lines 7 and 8 above?No taxable "wages" were received by me "recipient". Payer erroneously reported payment info and is bad payer data.(HOLK) The amounts withheld are overpayments. Payer's data is inconsistent with IRC 3401(a)+3121(a).**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.None as of yet.**Sign
Here**

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶

Date ▶

3-23-14

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return

Joseph F. Davis

2 Your social security number

3 Address

OK

4 Enter year in space provided and check one box. For the tax year ending December 31, 2013.

I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

Premium of North Carolina Inc

190 Highland Drive Medina, OH. 44256

6 Employer's or payer's
identification number (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation

0

g State income tax withheld

32.00

b Social security wages

0

(Name of state)

OK

c Medicare wages and tips

0

h Local income tax withheld

(Name of locality)

d Advance EIC payment

0

e Social security tips

0

i Social security tax withheld

228.19

f Federal income tax withheld

0

j Medicare tax withheld

53.36

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution

f Federal income tax withheld

b Taxable amount

g State income tax withheld

c Taxable amount not determined

☐

h Local income tax withheld

d Total distribution

☐

i Employee contributions

e Capital gain (included in line 8b)

j Distribution codes

9 How did you determine the amounts on lines 7 and 8 above? Bad payer data. I wasn't involved in a "trade or business" IRC 7701 (a)(26) or 3401(a)+3121(a) or any relevant law.

I received no such "wages" and had no taxable "income". Amounts withheld are overpayments. 6401(c)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None as of yet.

Sign
Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶

Date ▶

3-23-14

<input type="checkbox"/> VOID <input checked="" type="checkbox"/> CORRECTED		OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income	
PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. CTC, INC 4701 NE 23RD ST. OKLAHOMA CITY		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Med & health care payments \$ 7 Nonemployee compensation \$ 0 20,000.00 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 10 Crop insurance proceeds \$ 11 Foreign tax paid \$ 12 Foreign country or U.S. possession \$ 13 Excess golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15 a Section 409A deferrals \$ 15 b Section 409A income \$ 16 State tax withheld \$ 17 State/Payer's state no. \$ 18 State income \$		OK 73121 PAYER'S federal identification number RECIPIENT'S identification number RECIPIENT'S name JOSEPH DAVIS Street address (including apartment number) City or town, province or state, country, and ZIP or foreign postal code OK Account number (see instructions) Copy 1 For State Tax Department	

BAA Form 1099-MISC

FDEA0302 07/03/13

www.irs.gov/form1099misc

Department of the Treasury — Internal Revenue Service

Said payments are not reportable under IRC §6041A as CTC, Inc. is a private-sector company. As such, they are not described within the definition of "trade or business" in § 7701(a)(26) and the payments made to me cannot, therefore, be characterized as "salaries,...wages,...compensations, remunerations,...or other fixed or determinable gains, profits, and income..." (IRC 6041(a)). Sections 6041(a) and 6041A(a) only apply to a "person" or "service-recipient" engaged in a "trade or business". The reporting requirement applies only to those individuals or entities when the payments described within these two sections are made to "another person" or "any person", respectively, in the course of a "trade or business". The above is true and correct to the best of my knowledge and belief and sign under penalties of perjury.

3-23-14