

**QUESTIONS SPECIFIC FOR OKLAHOMA**

1. Were you / your spouse called out on Active Military duty? **YES / NO**

**If Yes, Date of Deployment:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_      **Place of Deployment:** \_\_\_\_\_

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2. **Oklahoma's Use Tax**

Use Tax is paid by the buyer when the Oklahoma sales tax has not been collected by the seller. Individuals in Oklahoma are responsible for paying use tax on their out-of-state purchases. For example, purchases made over the internet, out of catalogs... When an out of state retailer does not collect Oklahoma sales tax, the responsibility of paying the tax falls on the purchaser.

**Total Amount of purchases made in 2008, subject to this Use Tax:** \_\_\_\_\_

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3. If you have an overpayment, would you like to make a donation to an Oklahoma organization? (Any donation will reduce your refund)

**If YES,** please fill in amount you wish to donate: (Must be at least \$2.00)

Oklahoma Wildlife Diversity Program \_\_\_\_\_

Low Income Health Care Fund \_\_\_\_\_

Veterans Affairs Capital Improvement Program \_\_\_\_\_

Oklahoma Breast and Cervical Cancer Fund \_\_\_\_\_

OK Silver Haired Legislature and Alumni Assoc. Programs \_\_\_\_\_

Oklahoma Pet Overpopulation Fund \_\_\_\_\_

Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children \_\_\_\_\_

Support the Retirement of Capitol Dome Debt \_\_\_\_\_

Support the Oklahoma National Guard \_\_\_\_\_

Oklahoma Leukemia and Lymphoma Fund \_\_\_\_\_

Support of Programs for Regional Food Banks in OK \_\_\_\_\_

4. Did you / spouse contribute money to a Political Party or a Candidate for Political Office in 2008? **YES / NO** **If Yes,** amount \_\_\_\_\_  
(\$100.00 Max, \$200.00 Max if MFJ)

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5. **Oklahoma 529 College Savings Plan:**

a. Did you / spouse contribute to an Oklahoma 529 College Savings Plan in 2008? **YES / NO** **If Yes,** how much? \_\_\_\_\_

b. Did you / spouse rollover funds or have a non-qualified withdrawal from your plan in 2008? **YES / NO** **If Yes,** amount \_\_\_\_\_

c. Do you / spouse have any carryover contributions from previous years? **YES / NO** **If Yes,** amount \_\_\_\_\_

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6. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have?  
**YES / NO** **IF YES,** what would you like to add?

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