



2023 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2023

Prepared for	VALSHIKA MCJUNKINS																
Tax Summary	<table><tr><td>Gross Income.....</td><td>\$48297</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$48297</td></tr><tr><td>Total Deductions.....</td><td>\$20800</td></tr><tr><td>Total Taxable Income.....</td><td>\$27497</td></tr><tr><td>Total Tax.....</td><td>\$3554</td></tr><tr><td>Total Payments.....</td><td>\$5034</td></tr><tr><td>Refund Amount.....</td><td>\$1480</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$48297	Adjusted Gross Income.....	\$48297	Total Deductions.....	\$20800	Total Taxable Income.....	\$27497	Total Tax.....	\$3554	Total Payments.....	\$5034	Refund Amount.....	\$1480	Amount You Owe.....	\$0
Gross Income.....	\$48297																
Adjusted Gross Income.....	\$48297																
Total Deductions.....	\$20800																
Total Taxable Income.....	\$27497																
Total Tax.....	\$3554																
Total Payments.....	\$5034																
Refund Amount.....	\$1480																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.



**2023 STATE TAX RETURN FILING
INSTRUCTIONS
OKLAHOMA
FOR THE YEAR ENDING
December 31, 2023**

Prepared for	VALSHIKA MCJUNKINS and ANDRE MCJUNKINS																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>48,297</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>11,350</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>36,947</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>1,374</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>1,825</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>451</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>0</td></tr></table>	Adjusted Gross Income.....	\$	48,297	Total Deductions.....	\$	11,350	Total Taxable Income.....	\$	36,947	Total Tax.....	\$	1,374	Total Payments.....	\$	1,825	Refund Amount.....	\$	451	Amount You Owe.....	\$	0
Adjusted Gross Income.....	\$	48,297																				
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Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																					

Special Instructions

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2022 REFUND TRANSFER INFORMATION

VALSHIKA MCJUNKINS

Keep for Your Records

IRS Direct Deposit Information	
Routing Transit Number (RTN)	<u>101089742</u>
Depositor Account Number (DAN)	<u>4382364544</u>

Refund Transfer Proceeds - Direct Deposit Information	
Routing Transit Number (RTN)	<u>124303201</u>
Depositor Account Number (DAN)	<u>48055677</u>

2023 TWO YEAR COMPARISON

VALSHIKA MCJUNKINS
445-84-0265

Keep for Your Records

	2023	2022	Difference
Filing status	HOH		
INCOME:			
Wages, salaries, tips, etc.	48,297		48,297
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	48,297		48,297
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reserviists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	48,297		48,297
DEDUCTIONS:			
Standard deduction or Itemized deductions	20,800		20,800
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	1,745		1,745
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	27,497		27,497

2023 TWO YEAR COMPARISON

VALSHIKA MCJUNKINS
445-84-0265

Keep for Your Records

	2023	2022	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	2,983		2,983
Tax calculation method	TABLE		
Schedule 2 – Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment	1,071		1,071
Total taxes	4,054		4,054
Tax rate	12%	%	
CREDITS:			
Child and other dependents tax credit	500		500
Schedule 3 – Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits	500		500
OTHER TAXES:			
Schedule 2 – Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	3,554		3,554
PAYMENTS:			
Federal income tax withheld	5,034		5,034
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Schedule 3 – Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	5,034		5,034
AMOUNT DUE / REFUND:			
Amount overpaid	1,480		1,480
Overpayment applied to next year			
Refund	1,480		1,480
Amount due			
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial VALSHIKA		Last name MCJUNKINS	Your social security number 445-84-0265
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1941 W Houston St		Apt. no. 3	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BROKEN ARROW		State OK	
Foreign country name		Foreign province/state/county	
		ZIP code 74012	
		Foreign postal code	

Filing Status ☐ Single ☐ Married filing separately (MFS) ☒ Head of household (HOH)
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
QUINTON	BUFFINGTON	726-63-1026	NEPHEW	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 48,297
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z 48,297
	2a Tax-exempt interest 2a	2b Taxable interest 2b
	3a Qualified dividends 3a	b Ordinary dividends 3b
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a	b Taxable amount 5b
	6a Social security benefits 6a	b Taxable amount 6b
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
8 Additional income from Schedule 1, line 10	8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 48,297	
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11 48,297	
12 Standard deduction or itemized deductions (from Schedule A)	12 20,800	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14 20,800	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 27,497	

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	2,983
	17 Amount from Schedule 2, line 3	17	1,071
	18 Add lines 16 and 17	18	4,054
	19 Child tax credit or credit for other dependents from Schedule 8812	19	500
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	500
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	3,554
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	3,554	

Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	5,034
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	5,034
	26 2023 estimated tax payments and amount applied from 2022 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
31 Amount from Schedule 3, line 15	31		
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33 Add lines 25d, 26, and 32. These are your total payments	33	5,034	

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,480
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,480
	b Routing number 101089742 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4382364544		
36 Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 9184536925	Email address valshikaculton@yahoo.com		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Firm's EIN			Phone no.
	Firm's address				

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VALSHIKA MCJUNKINS

Your social security number

445-84-0265

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	1,071
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	1,071

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Name(s) shown on return

VALSHIKA MCJUNKINS

Your social security number

445-84-0265

You must complete Form 8862 and attach it to your tax return to claim the EIC, CTC/RCTC/ACTC/ODC, or AOTC if both of the following apply.

- Your EIC, CTC/RCTC/ACTC/ODC, or AOTC was previously reduced or disallowed for any reason other than a math or clerical error.
- You now want to claim the credit that was previously reduced or disallowed and you meet all the requirements for the credit.

Part I All Filers

1 Enter the tax year for which you are filing this form (for example, 2023) 2023

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

Earned Income Credit
(Complete Part II)

☐

**Child Tax Credit (nonrefundable or
refundable)/Additional Child Tax
Credit/Credit for Other Dependents**
(Complete Part III)

☒

American Opportunity Tax Credit
(Complete Part IV)

☐

Part II Earned Income Credit

3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." ☐ Yes ☐ No

Caution: If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.

4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? ☐ Yes ☐ No

Caution: See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.

Section A: Filers With a Qualifying Child or Children

- Answer questions 5, 7, and 8 for each child for whom you are claiming the EIC.
- Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.

5a **Child 1** _____ **b Child 2** _____

c Child 3 _____

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? ☐ Yes ☐ No

Caution: If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.

Child 1 _____ **Child 2** _____ **Child 3** _____

Caution: See the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.

Child 1 date of birth (MM/DD) _____

Child 1 date of death (MM/DD) _____

Child 2 date of birth (MM/DD) _____

Child 2 date of death (MM/DD) _____

Child 3 date of birth (MM/DD) _____

Child 3 date of death (MM/DD) _____

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

Section B: Filers Without a Qualifying Child or Children

- 9a** Enter the number of days during the year entered on line 1 that your main home was in the United States _____
- b** If married filing jointly, enter the number of days during the year entered on line 1 that your spouse's main home was in the United States _____
- Caution:** Members of the military stationed outside the United States during the year entered on line 1, see the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year) on either line 9a or 9b (if filing jointly), you cannot claim the EIC.
- 10a** Enter your age at the end of the year on line 1 _____
- b** Enter your spouse's age at the end of the year on line 1 _____
- Caution:** If your spouse died during the year entered on line 1 or you are preparing a return for someone who died during the year entered on line 1, see the instructions before answering. If neither you (nor your spouse if filing jointly) were at least age 25 but under age 65 at the end of the year entered on line 1, unless that year is 2021, you cannot claim the EIC. See the Instructions for Form 8862 for more information.
- 11a** Can you be claimed as a dependent on another taxpayer's return? ☐ Yes ☐ No
- b** Can your spouse (if filing jointly) be claimed as a dependent on another taxpayer's return? ☐ Yes ☐ No
- Caution:** If either you (or your spouse if filing jointly) answer "Yes" to question 11, you cannot claim the EIC.

Part III Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents

- 12** Enter the name(s) of each child for whom you are claiming the child tax credit/refundable child tax credit/additional child tax credit (CTC/RCTC/ACTC). If you are claiming the CTC/RCTC/ACTC for more than four qualifying children, attach a statement also answering questions 12 and 14-17 for those children.
- a Child 1** _____ **b Child 2** _____
- c Child 3** _____ **d Child 4** _____
- 13** Enter the name(s) of each person for whom you are claiming the credit for other dependents (ODC). If you are claiming the credit for more than four dependents, attach a statement answering questions 13, 16, and 17 for those dependents.
- a Other dependent 1** QUINTON BUFFINGTON **b Other dependent 2** _____
- c Other dependent 3** _____ **d Other dependent 4** _____
- 14** For each child listed in response to question 12, did the child live with you for more than half of the year or meet an exception described in the instructions?
- Child 1 ☐ Yes ☐ No Child 2 ☐ Yes ☐ No Child 3 ☐ Yes ☐ No Child 4 ☐ Yes ☐ No
- 15** For each child listed in response to question 12, did the child meet the requirements to be a qualifying child for the CTC/RCTC/ACTC?
- Child 1 ☐ Yes ☐ No Child 2 ☐ Yes ☐ No Child 3 ☐ Yes ☐ No Child 4 ☐ Yes ☐ No
- 16** For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person your dependent?
- Child 1 ☐ Yes ☐ No Child 2 ☐ Yes ☐ No Child 3 ☐ Yes ☐ No Child 4 ☐ Yes ☐ No
- Other dependent 1 ☒ Yes ☐ No Other dependent 2 ☐ Yes ☐ No
- Other dependent 3 ☐ Yes ☐ No Other dependent 4 ☐ Yes ☐ No
- 17** For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person a citizen, national, or resident of the United States? See Pub. 519 for more information on when a person is a resident of the United States or is treated as a resident of the United States.
- Child 1 ☐ Yes ☐ No Child 2 ☐ Yes ☐ No Child 3 ☐ Yes ☐ No Child 4 ☐ Yes ☐ No
- Other dependent 1 ☒ Yes ☐ No Other dependent 2 ☐ Yes ☐ No
- Other dependent 3 ☐ Yes ☐ No Other dependent 4 ☐ Yes ☐ No
- Caution:** If the answer is "No" for question 14, 15, 16, or 17, you cannot claim the CTC/RCTC/ACTC/ODC for that child or other dependent.

Only one person can claim the child as a qualifying child for the CTC/RCTC/ACTC/ODC. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, you cannot claim the CTC/RCTC/ACTC or the ODC based on having a qualifying child. If you are a noncustodial parent who is entitled to treat the child as a qualifying child, you do not need to complete Part V.

Part IV American Opportunity Tax Credit

- Answer the following questions for each student for whom you are claiming the AOTC. If you have more than three students, attach a statement also answering questions 18 and 19 for those students.
- Enter the name(s) of the student(s) as listed on Form 8863.

18a Student 1 _____ **b Student 2** _____

c Student 3 _____

19a Did the student meet the requirements to be an eligible student for purposes of the AOTC for the year entered on line 1? See Pub. 970 for more information.

Student 1 ☐ Yes ☐ No **Student 2** ☐ Yes ☐ No **Student 3** ☐ Yes ☐ No

b Has the Hope Scholarship Credit or AOTC been claimed for the student for any 4 tax years before the year entered on line 1?

Student 1 ☐ Yes ☐ No **Student 2** ☐ Yes ☐ No **Student 3** ☐ Yes ☐ No

Caution: If you answered "No" to question 19a or "Yes" to question 19b, you cannot claim the credit for that student.

Part V Qualifying Child of More Than One Person

- Answer the following questions for each child who meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly). If you have more than four qualifying children, attach a statement also answering questions 20-22 for those children.

20a Child 1 QUINTON BUFFINGTON **b Child 2** _____

c Child 3 _____ **d Child 4** _____

21 Enter the address where you and the child lived together during the year entered on line 1. If you lived with the child at more than one address during the year, attach a list of the addresses where you lived.

Child 1 Number and street 1941 W Houston St
City or town, state, and ZIP code BROKEN ARROW, OK 74012

Child 2 If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street _____
City or town, state, and ZIP code _____

Child 3 If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street _____
City or town, state, and ZIP code _____

Child 4 If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street _____
City or town, state, and ZIP code _____

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children
and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 47

Name(s) shown on return

VALSHIKA MCJUNKINS

Your social security number

445-84-0265

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	48,297
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	48,297
4	Number of qualifying children under age 17 with the required social security no.	4	
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500
8	Add lines 5 and 7	8	500
9	Enter the amount shown below for your filing status. • Married filing jointly--\$400,000 • All other filing statuses--\$200,000	9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	500
13	Enter the amount from Credit Limit Worksheet A	13	4,054
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	500

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2023

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8962 for instructions and the latest information.2023
Attachment
Sequence No. 73

Name shown on your return

VALSHIKA MCJUNKINS

Your social security number

445-84-0265

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	2
2a	Modified AGI. Enter your modified AGI. See instructions	2a	48,297
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	48,297
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	18,310
5	Household income as a percentage of federal poverty line (see instructions)	5	263 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0452
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	2,183
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	182

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instr.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals				0	0	
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April	397	460	182	278	278	397
16 May	397	460	182	278	278	397
17 June	397	460	182	278	278	397
18 July	397	460	182	278	278	397
19 August	397	460	182	278	278	397
20 September	397	460	182	278	278	397
21 October	397	460	182	278	278	397
22 November	397	460	182	278	278	397
23 December	397	460	182	278	278	397
24	Total premium tax credit. Enter the amount from ln. 11(e) or add lns. 12(e) through 23(e) and enter the total here					2,502
25	Advance payment of PTC. Enter the amount from ln. 11(f) or add lns. 12(f) through 23(f) and enter the total here					3,573
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	1,071
28	Repayment limitation (see instructions)	28	1,800
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	1,071

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8962 (2023)

2023 WAGES AND SALARIES SUMMARY ATTACHMENT

VALSHIKA MCJUNKINS
445-84-0265

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
BROKEN ARROW NURSING HOME I	73-0932767	T	48,297	5,034	2,994	OK	48,297	1,745	

Total 48,297 5,034 2,994 48,297 1,745

2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

VALSHIKA MCJUNKINS
445-84-0265

W-2

BROKEN ARROW NURSING HOME

5,034

Total to Form 1040/1040-SR line 25d

5,034

2023 SCHEDULE 8812 CREDIT LIMIT WORKSHEET A

VALSHIKA MCJUNKINS
445-84-0265

Keep for Your Records

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or Form 1040-NR

1	4,054
---	-------

2. Add the following amounts (if applicable) from:

Schedule 3, line 1	+	_____
Schedule 3, line 2	+	_____
Schedule 3, line 3	+	_____
Schedule 3, line 4	+	_____
Schedule 3, line 6d	+	_____
Schedule 3, line 6f	+	_____
Schedule 3, line 6l	+	_____
Schedule 3, line 6m	+	_____

Enter the total

2	
---	--

3. Subtract line 2 from line 1

3	4,054
---	-------

Complete Credit Limit Worksheet B only if you meet all of the following:

1. You are claiming one or more of the following credits:
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are not completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B

4	
---	--

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13

5	4,054
---	-------

2024 CARRYFORWARD INFORMATION

VALSHIKA MCJUNKINS

445-84-0265

Keep for Your Records

Itemized Returns Only – 2023 state and local tax refund (this amount may not be taxable in 2024)	_____
Charitable contributions carryover to 2024	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2023 tax liability (for 2024 Form 2210 purposes)	3,554
Form 8839: 2022 carryover of unqualified expenses	_____
Refund amount applied to 2024	_____
Disallowed investment interest in 2023	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Mortgage interest credit from 2023	_____
Form 8801: Minimum tax credit carryforward	0
Potential 2024 IRA contribution from 2023 tax refund	_____

NOL carryforward:		Regular Tax			AMT Tax
from 2003	_____	from 2013	_____	from 2003	from 2013 _____
from 2004	_____	from 2014	_____	from 2004	from 2014 _____
from 2005	_____	from 2015	_____	from 2005	from 2015 _____
from 2006	_____	from 2016	_____	from 2006	from 2016 _____
from 2007	_____	from 2017	_____	from 2007	from 2017 _____
from 2008	_____	from 2018	_____	from 2008	from 2018 _____
from 2009	_____	from 2019	_____	from 2009	from 2019 _____
from 2010	_____	from 2020	_____	from 2010	from 2020 _____
from 2011	_____	from 2021	_____	from 2011	from 2021 _____
from 2012	_____	from 2022	_____	from 2012	from 2022 _____
Gross NOL generated in 2023	_____			Gross AMT NOL generated in 2023	_____
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____
Net carryforward from 2023	_____			Net carryforward from 2023	_____
Total carryforward to 2024	_____			Total carryforward to 2024	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2024
- General Business Credit carryforward to 2024
- First-Time Homebuyer Credit Repayment carryforward to 2024
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2024.

VALSHIKA MCJUNKINS
445-84-0265

Taxpayer Modified AGI

	(1) Adj Gross Income	(2) Tax-Exempt Interest	(3) Excluded Foreign Income	(4) Foreign Housing Deduct	(5) Social Security Benefits Received	(6) Taxable SS Benefits	(7) Nontaxable SS Benefits (Col 5 - 6)	(8) Total Adj (Col 2 + 3 + 4 + 7)	(9) Modified AGI (Col 1 + 8)
VALSHIKA MCJUNKI	48,297								48,297

[illegible]

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

445-84-0265

Place an 'X' in this box if this taxpayer is deceased →

☐

Spouse's Social Security Number
(joint return only)

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-I. →

☐

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
VALSHIKA		MCJUNKINS				
Mailing Address (Number and street, including apt. no., rural route or PO Box)			City	State	ZIP or Postal Code	Country
1941 W Houston St APT 3			BROKEN ARROW	OK	74012	

Filing Status	1	<input type="checkbox"/> Single				
	2	<input type="checkbox"/> Married filing joint return (even if only one had income)				
	3	<input type="checkbox"/> Married filing separate (If spouse is also filing, list name and SSN in the boxes)				
	<table><tr><td>Name</td><td>SSN</td></tr><tr><td></td><td></td></tr></table>		Name	SSN		
	Name	SSN				
4	<input checked="" type="checkbox"/> Head of household with qualifying person					
5	<input type="checkbox"/> Qualifying widow(er) with dependent child • Please list the year spouse died in box at right: <input type="text"/>					

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

Exemptions		Regular	* Special	Blind		
	Yourself	1	+		+	
	Spouse		+		+	
	Number of dependents					
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:						

(a)	1
(b)	0
(c)	1
	2

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) ☐ Yourself ☐ Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

☐

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You
QUINTON	BUFFINGTON	726-63-1026	11/13/201	NEPHEW

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	48297	00
2	Oklahoma Subtractions (provide Schedule 511-A)	2		00
3	Line 1 minus line 2.	3	48297	00
4	Out-of-state income, except wages. Describe: _____ (Provide Federal schedule with detailed description; see instructions)	4		00
5	Line 3 minus line 4	5	48297	00
6	Oklahoma Additions (provide Schedule 511-B)	6		00
7	Oklahoma adjusted gross income (line 5 plus line 6)	7	48297	00
	(If line 7 is different than line 1, provide a copy of your Federal return.)			

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C)	8		00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	48297	00



Name(s) Shown
on Form 511: VALSHIKA MCJUNKINS

Your Social
Security Number: 445-84-0265

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	10	9350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1 2 X \$1,000.	11	2000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)	12	11350	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	36947	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14 14a 1399 00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. 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 "4" in the box on line 14 . . . 14b 00			
	Oklahoma Income Tax (line 14a plus line 14b)	14	1399	00

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 Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions)	15	25	00
16	Credit for taxes paid to another state (provide Form 511TX)	16		00
17	Form 511CR – Other Credits Form. List 511CR line number claimed here:	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.	18	1374	00

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: X	19		00
20	Balance (add lines 18 and 19)	20	1374	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements).	21	1745	00
22	2023 estimated tax payments. (qualified farmer <input type="checkbox"/>)	22		00
23	2023 payment with extension.	23		00
24	Low Income Property Tax Credit (provide Form 538-H)	24		00
25	Sales Tax Relief Credit (provide Form 538-S)	25	80	00
26	Natural Disaster Tax Credit (provide Form 576)	26		00
27	Credit from Form 578.	27		00
28	Oklahoma earned income credit (see instructions)	28		00
29	Amount paid with original return plus additional paid after it was filed (amended return only).	29		00

Name(s) Shown
on Form 511:

VALSHIKA MCJUNKINS

Your Social

Security Number:

445-84-0265

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21–29 from page 2)	30	1825	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 31)	32	1825	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment	33	451	00
34	Amount of line 33 to be applied to 2024 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.)	34		00

Schedule 511-H 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-H in the box below. If you give to more than one organization, put a "99" in the box.
Provide Schedule 511-H

35	Donations from your refund (total from Schedule 511-H)	35		00
36	Total deductions from refund (add lines 34 and 35)	36		00
37	Amount to be refunded to you (line 33 minus line 36)	37	451	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 Packet for direct deposit, debit card and paper check info. Due to electronic banking rules, the OTC will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a:
☐ Debit Card

☐ Paper Check
Is this refund going to or through an account that is located outside of the U.S.?

Yes

☒ No
Direct Deposit my refund in my:
☒ Checking Account

Routing Number: 124303201

☐ Savings Account

Account Number: 48055677

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due	38		00
39	Underpayment of estimated tax interest (annualized installment method ()). (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)	39		00
40	For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month \$ _____	40		00
41	Total tax, penalty and interest (add lines 38–40)	41		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	Spouse's Signature	Date	Paid Preparer's Signature	Date
Taxpayer's Occupation ACMA		Spouse's Occupation		Paid Preparer's Address and Phone Number	
Daytime Phone (optional) 918-453-6925		Daytime Phone (optional)		Paid Preparer's PTIN	

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.

23 OK3 TXO 1040 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.

Note: Provide this page ONLY if you have an amount shown on a schedule.Name(s) Shown
on Form 511:

VALSHIKA MCJUNKINS

Your Social
Security Number:

445-84-0265

Schedule 511-E: Deductions and Exemptions See instructions on page 24.

Use this schedule if you have income from out-of-state (Form 511, line 4). Your exemptions and deductions must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income reduced by allowable adjustments except out-of-state income. If you claimed itemized deductions on your federal return, complete Schedule 511-D before completing this schedule.

1	Oklahoma itemized deductions (Schedule 511-D, line 11) or Oklahoma standard deduction	1		00
2	Exemptions (\$1,000 x number of exemptions claimed at top of Form 511)	2		00
3	Total (add lines 1 and 2)	3		00
4	Divide the amount on line 7 of Form 511 by the amount on line 3 of Form 511 <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	4		%
5	Total allowable deductions and exemptions. Multiply line 3 by percentage on line 4, enter total here and on line 12 of Form 511. (Leave lines 10 - 11 of Form 511 blank.)	5		00

Schedule 511-F: Child Care/Child Tax Credit See instructions on page 25.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.

or

- 5% of the child tax credit allowed by the IRS Code.

This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income.

If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed.

Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit)	3	500	00
4	Multiply line 3 by 5%	4	25	00
5	Enter the larger of line 2 or line 4	5	25	00
6	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511 <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px; text-align: center;">48297</div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px; text-align: center;">48297</div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6	100	%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 15 of Form 511	7	25	00

Claim for Credit/Refund of Sales Tax

Taxpayer's
Soc. Sec. No.:

445-84-0265

If died in 2023 or 2024,
enter date of death:See instructions.
Please read carefully as
an incomplete form may
delay your refund.

FORM

538-S

2
0
2
3Spouse's
Soc. Sec. No.:If died in 2023 or 2024,
enter date of death:

Taxpayer's First Name	Middle Initial	Last Name	Spouse's First Name (If a Joint Return)	Middle Initial	Last Name
VALSHIKA		MCJUNKINS			
Mailing Address (Number and street, including apartment number, or rural route)			City	State	ZIP
1941 W Houston St APT 3			BROKEN ARROW	OK	74012

PART 1: TAXPAYER INFORMATION

Physical Address in 2023 (If different than shown in mailing address section):

☐ Place an 'X' if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)☐ Place an 'X' if you or your spouse are 65 years of age or over Oklahoma resident for the entire year? ☒ yes ☐ no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, provide schedule.	See Instructions			5. Yearly Income
	2. Age	3. Social Security Number	4. Relationship	
QUINTON BUFFINGTON	10	726-63-1026	Nephew	

EXEMPTION INFORMATION
QUALIFIED EXEMPTIONS...

A. Yourself	1
B. Spouse	
C. Number of dependents	1
D. Total exemptions claimed (add A-C) ...	2

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition in instructions for examples of income.

1	Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)
2	Enter total interest and dividend income received
3	Total of all dependents' income (from Part 2, column 5)
4	Social Security payments (total including Medicare)
5	Railroad Retirement benefits
6	Other pensions, annuities and IRAs
7	Alimony
8	Unemployment benefits

YEARLY INCOME
YOU MAY NOT ENTER NEGATIVE AMOUNTS.

1	48297	00
2		00
3		00
4		00
5		00
6		00
7		00
8		00



Name(s) Shown on Form 538-S:

VALSHIKA MCJUNKINS

Your Social Security Number:

445-84-0265

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition in instructions for examples of income.

- 9 Earned Income Credit (EIC) received in 2023
- 10 Nontaxable sources of income (specify)
- 11 Enter **gross** (positive) income from rentals, royalties, partnerships, estates & trusts, and gains from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules)
- 12 Enter **gross** (positive) income from business and farm (provide Federal return including schedules).
- 13 Other income—including income of others living in your household (specify)
- 14 **Total gross household income** (Add lines 1–13)

YEARLY INCOME
YOU MAY NOT ENTER NEGATIVE AMOUNTS.

9		00
10		00
11		00
12		00
13		00
14	48297	00

If line 14 is over income limits shown in steps 2 and 3 on page 3, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on page 3.)

- 15 Total qualified exemptions claimed in Box D on page 1 x \$40 (credit claimed) . . .

15

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See instructions for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 25.

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. Due to electronic banking rules, the Oklahoma Tax Commission (OTC) will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a:

- ☐ Debit Card
- ☐ Paper Check

Is this refund going to or through an account that is located outside of the U.S.? ☐ Yes ☐ No

Direct Deposit my refund in my:

- ☐ Checking Account
- ☐ Savings Account

Routing Number:

Account Number:

If the OTC may discuss this return with your tax preparer, place an 'X' here: ☐

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date	Spouse's Signature and Date
Occupation	Occupation
ACMA	

Preparer's Signature and Date



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return – Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2023
Form 511-EF

Your first name and middle initial	Last name
VALSHIKA	MCJUNKINS
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box)	
1941 W Houston St APT 3	
City, State, ZIP	
BROKEN ARROW OK 74012	

Your social security number:

445-84-0265

Spouse's social security number:

Filing status:

4

Total number of exemptions:

2

PART ONE – TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	48297	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	1374	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	1825	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	451	00
5	Balance Due (511, Line 41 or 511-NR, Line 42)	5		00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due rtn. with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Rev. Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO – DECLARATION OF TAXPAYER

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2023 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign

Here:

Your Signature

Date

Spouse's Signature (If joint return, both must sign)

Date

PART THREE – DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's rtn. and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's rtn.; however, they must ensure Form 511-EF accurately reflects the data on the rtn.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and info. to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Inc. Tax Returns (Tax Year 2023). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's rtn. and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use

Only

ERO or Paid Preparer's Signature

Date

PTIN

Paid Preparer

Use Only

Paid Preparer Signature

Date

PTIN

Firm Name (or yours if self-employed):

Address and ZIP:

Phone Number: