

# RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FORM **512E**

Section 501 (c) of the Internal Revenue Code

Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, Oklahoma 73126-0800

For the year January 1 - December 31, or other taxable year beginning \_\_\_\_\_, 2002 ending \_\_\_\_\_, \_\_\_\_\_.

**Name of Organization**  
OKC PC USER'S GROUP, INC

**Address (number and street)**  
3000 UNITED FOUNDATION BLVD

**City, State and Zip**  
OKLAHOMA CITY, OK 73112

**Federal Identification Number**  
73-1298652

**Date Qualified for Tax Exempt Status:**

**OFFICE USE ONLY**

Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason.

## STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on the back of this form)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - Federal Form(s) 990		
B. Total unrelated trade or business deductions - Federal Form(s) 990		
C. Unrelated business tax income - Enter here and on line 1 below		

## INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable Oklahoma)	1		00
2. Other net income - enclose schedule	2		00
3. Oklahoma taxable income (total of lines 1 and 2)	3		00

## TAX COMPUTATION

4. Tax at 6% of Line 3 (If Trust - See Rate Schedule on page 2)	4		00
5. Tax paid on estimate	5		00
6. Oklahoma withholding on royalty payments (enclose Form 1099 or Form 500A)	6		00
7. Add lines 5 and 6 and enter amount	7		00
8. Overpayment (if line 7 is larger than line 4) enter amount overpaid	8		00
9. Amount of Line 8 to be credited to the following year estimated tax	9		00

**Deductions from refund: If you wish to donate from your tax refund, check and enter the amount**

10. Oklahoma Wildlife Diversity Program	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$	10		00
11. Veterans Affairs Capital Improvement Program	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$	11		00
12. Oklahoma Breast Cancer Program	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$	12		00
13. Oklahoma City Bombing Memorial Fund	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$	13		00
14. Oklahoma School for the Deaf/Blind	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$	14		00
15. Add lines 9 through 14 and enter amount							15		00
16. Amount to be refunded to you (Line 8 minus line 15)							16	Refund	00
17. Tax due (if line 4 is larger than line 7) enter tax due							17	Tax Due	00
18. For delinquent payment, add penalty of 5% _____ plus interest at 1 1/4% per month							18		00
19. Underpayment of estimated tax interest							19		00
20. Total tax, penalty and interest due - Add line 17, 18 and 19 pay in full with return							20	Balance	00

## SIGNATURE AND VERIFICATION

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

Signature of Officer or Trustee

Title

Date

Signature of Individual or Firm Preparing this Return

Address 3617 N MERIDIAN; OKLAHOMA CITY, OK 73112

Date

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Form 8868.

## Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	<b>OKC PC USER'S GROUP, INC.</b>	<b>73-1298653</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>3000 UNITED FOUNDATION BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>OKLAHOMA CITY OK 73112</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2002 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ ⓪

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Handwritten Signature]* *[Handwritten Initials]*

Date 5-13-03  
Form 8868 (12-2000)