

2016 Form OR-20



Office use only

Oregon Corporation Excise Tax Return

Submit original form—do not submit photocopy

Fiscal year beginning and ending fields

Space for 2-D barcode—do not write in box below

See instructions for checkboxes.

- Checkboxes for New name, New address, OR-FCG-20, Extension, Form OR-37, REIT/RIC, Amended, Form OR-24, IC-DISC, Ag co-op, Federal Form 8886, Federal Form 5471, Accounting period change, Alternative apportionment

Legal name, DBA/ABN, Current address, Contact name, Web, FEIN, Attn. or c/o, City, St, ZIP code, Contact phone

Complete questions A through D only if this is your first return or the answer changed during this tax year.

Questions A through N regarding incorporation, domicile, activity, consolidated returns, parent corporation, federal waivers, IRS audit, and business status changes.

O. If you didn't complete Schedule OR-AP, fill in the amount of your Oregon sales ..... O. .00

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	1. Taxable income from U.S. corporation income tax return (see instructions)..... ●	1.		.00
	2. Total additions (from Schedule OR-ASC-CORP; see instructions)..... ●	2.		.00
	3. Income after additions (line 1 plus line 2)..... ●	3.		.00
	4. Total subtractions (from Schedule OR-ASC-CORP; see instructions)..... ●	4.		.00
	5. Income before net loss deduction (line 3 minus line 4). If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP-2, line 1 ..... ●	5.		.00
	6. Net loss deduction if not apportioned (include schedule) ..... ●	6.		.00
	7. Net capital loss deduction if not apportioned (include schedule)..... ●	7.		.00
	8. Enter the apportionment percentage from Schedule OR-AP, line 22; enter 100.0000 if you don't apportion income..... ●	8.		%
	You must include Schedule OR-AP to apportion income.			
	9. Oregon taxable income (line 5 minus lines 6 and 7, or from Schedule OR-AP-2, line 11).... ●	9.		.00
<b>Tax</b>	10. Calculated excise tax (see instructions)..... ●	10.		.00
	11. Schedule OR-FCG-20 adjustment (include schedule) .. ●	11.		.00
	12. Total calculated excise tax (line 10 minus line 11) ..... ●	12.		.00
	13. Minimum tax (see instructions) ..... ●	13.		.00
	14. Tax (greater of line 12 or line 13) ..... ●	14.		.00
	15. Tax adjustments (see instructions, include schedule)..... ●	15.		.00
	16. Tax before credits (line 14 plus line 15)..... ●	16.		.00
<b>Credits</b>	17. Total Standard credits (from Schedule OR-ASC-CORP) ..... ●	17.		.00
	18. Total Carryforward credits (from Schedule OR-ASC-CORP) ..... ●	18.		.00
<b>Excise Tax</b>	19. Excise tax after credits (line 16 minus lines 17 and 18, not below minimum tax; see instructions) ..... ●	19.		.00
	20. LIFO benefit recapture subtraction (see instructions)..... ●	20.		.00
	21. Net excise tax (line 19 minus line 20)..... ●	21.		.00
	22. 2016 estimated tax payments from Schedule ES line 8. Include payments made with extension ..... ●	22.		.00
	23. Withholding payments made on your behalf from pass-through entity or real estate income..... ●	23.		.00
	24. <b>Tax due.</b> Is line 21 more than line 22 plus line 23? If so, line 21 minus lines 22 and 23..... <b>Tax due</b> ●	24.		.00
	25. <b>Overpayment.</b> Is line 21 less than line 22 plus line 23? If so, line 22 plus line 23, minus line 21 ..... <b>Overpayment</b> ●	25.		.00
	26. Penalty due with this return ..... 26.			.00
	27. Interest due with this return ..... 27.			.00
	28. Interest on underpayment of estimated tax (include Form OR-37)..... ●	28.		.00
	29. Total penalty and interest (add lines 26 through 28) ..... 29.			.00
	30. Total due (line 24 plus line 29)..... <b>Total due</b> 30.			.00
	31. <b>Refund</b> available (line 25 minus line 29) ..... <b>Refund</b> ●	31.		.00
	32. Amount of refund to be credited to estimated tax..... ●	32.		.00
	33. Net refund (line 31 minus line 32)..... <b>Net refund</b> 33.			.00

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**Schedule ES—Estimated Tax Payments or Other Prepayments**

1. <b>Quarter 1</b>	Name of payer			
	● Payer's FEIN —	Date paid / /	Amount paid..... ● 1.	.00
2. <b>Quarter 2</b>	Name of payer			
	● Payer's FEIN —	Date paid / /	Amount paid..... ● 2.	.00
3. <b>Quarter 3</b>	Name of payer			
	● Payer's FEIN —	Date paid / /	Amount paid..... ● 3.	.00
4. <b>Quarter 4</b>	Name of payer			
	● Payer's FEIN —	Date paid / /	Amount paid..... ● 4.	.00
5.	Overpayment of another year's tax applied as a credit against this year's tax..... ● 5.			.00
6.	Payments made with extension or other prepayments for this tax year and date paid ____/____/____ ● 6.			.00
7.	Claim of right credit (include computation and explanation)..... ● 7.			.00
8.	Total prepayments (carry to line 22 on previous page)..... ● 8.			.00

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.

<b>Sign Here</b>	Signature of officer <b>X</b>	Signature of preparer other than taxpayer <b>X</b>	● License number of preparer
	Date / /	Date / /	Phone number ( ) -
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

<b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960	<b>Mail tax-to-pay returns with payment and payment voucher to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include a complete copy of your federal Form 1120 and schedules**

# Schedule OR-AF



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## Schedule of Affiliates for Forms OR-20, OR-20-INC, and OR-20-INS

*Submit original form—do not submit photocopy.*

A Schedule of Affiliates **must** be filed every year with each consolidated tax return. List **only** those affiliates doing business in Oregon, or with Oregon-source income, that are part of the unitary group included in this tax return.

**Do not** include in this list the corporation filing this tax return. You may make a copy of this form if you have more than 10 affiliates to include on this list.

FEIN	Name and address	If new affiliate during this year, enter date affiliate became part of the unitary group	If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group
● FEIN #1 —	● Name  Address	● / /	● / /
● FEIN #2 —	● Name  Address	● / /	● / /
● FEIN #3 —	● Name  Address	● / /	● / /
● FEIN #4 —	● Name  Address	● / /	● / /
● FEIN #5 —	● Name  Address	● / /	● / /
● FEIN #6 —	● Name  Address	● / /	● / /
● FEIN #7 —	● Name  Address	● / /	● / /
● FEIN #8 —	● Name  Address	● / /	● / /
● FEIN #9 —	● Name  Address	● / /	● / /
● FEIN #10 —	● Name  Address	● / /	● / /

**Include additional schedules if needed**