

No payment is due with this return.

For calendar year 1995 or fiscal year ending _____

For Office Use Only	
Penalty Date	Date Received
Code	

• Please type or print plainly and answer all the questions below.

Name of Partnership			Federal Employer Identification Number	
Street Address			Oregon Withholding Registration Number	
City	State	ZIP Code	Date Activities Started in Oregon	

- Type of entity: Partnership Limited Liability Company
 Limited Partnership Limited Liability Partnership

YES NO

1. Requirement to file Oregon Partnership Return.

- A. Does the partnership have income derived from sources in Oregon? YES NO
 B. Does the partnership have Oregon resident partners? YES NO
 If the answer is yes to A or B, you **must** file an Oregon partnership return.

2. Prior year return, first return, final return, and partnership books.

- A. Was a 1994 Oregon partnership return filed? YES NO
 If no, give the reason. If filed using a different name, give the name it was filed under.

 B. Is this the first return of a newly formed partnership? YES NO
 If yes, attach a copy of the partnership agreement.
 C. Is this the final return for the partnership? YES NO
 If yes, **attach a schedule** showing disposition of all partnership assets and liabilities. Show each asset's adjusted basis and fair market value.
 D. Who has the partnership books?

Name		Telephone Number ()	
Street Address	City	State	ZIP Code

3. Other taxing authorities.

- A. Do partnership employees perform services in the Tri-Met District? YES NO
 B. Do any partners have self-employment income in the Tri-Met District? YES NO
 C. Do partnership employees perform services in the Lane Transit District? YES NO
 D. Do any partners have self-employment income in the Lane Transit District? YES NO
 If the answer is yes to A, B, C, or D you must file the appropriate return(s). See page 2 of the instructions.

4. Changes to a prior year partnership return during this tax year.

- A. Did an IRS audit change a prior year return? YES NO
 B. Was an amended federal return filed for a prior year? YES NO
 If the answer is yes to A or B, what tax years were changed? _____
 Send us a copy of the federal revenue agent's report or the amended return if not previously sent.

5. Attaching copies of partners' federal Schedule K-1s.

- A. Does the partnership have a net loss (including capital losses)? YES NO
 B. Were there any partner or profit/loss sharing percentage changes during the year? YES NO
 C. Are any Oregon modifications or amounts shown on federal Schedule K (including guaranteed payments), not divided according to each partner's partnership share of profits and losses? YES NO
 If the answer is yes to A, B, or C, attach **all** partners' federal Schedule K-1s to this return. (Exception: if the partnership has no Oregon source income, attach Schedule K-1s for Oregon partners only).

6. Business inside and outside of Oregon with out-of-state partners.

- A. Does the partnership have business activity both inside and outside of Oregon? YES NO
 B. Does the partnership have one or more partners who are not Oregon residents? YES NO
 If the answer is yes to both A and B, attach an apportionment schedule to determine business income attributable to Oregon. Use Schedule C-1, from Oregon Form 20 or equivalent. To order forms, see page 2

SCHEDULE I—Oregon modifications to Federal Partnership Income. Attach schedules to explain and compute modifications.

ADDITIONS – Items not included in federal partnership income taxable to Oregon.

1. Interest on government bonds of other states	1		
2. Gain on property transactions not deferred for Oregon	2		
3. Difference in depreciation (for Oregon depreciation less than federal) (Attach Oregon Depreciation Schedule, form 150-101-025)	3		
4. Depletion in excess of basis	4		
5. Gain or loss on sale of assets when Oregon basis is different	5		
6. Other additions. Identify _____	6		

SUBTRACTIONS – Items included in federal partnership income not taxable to Oregon.

7. U.S. government interest	7		
8. Gain on property transactions already taxed by Oregon	8		
9. Difference in depreciation (for Oregon depreciation greater than federal) (Attach Oregon Depreciation Schedule, form 150-101-025)	9		
10. Federal targeted jobs credit wages	10		
11. Gain or loss on sale of assets when Oregon basis is different	11		
12. Other subtractions. Identify _____	12		

Note: Generally, a partner's share of each Oregon modification is figured by using the partner's profit/loss sharing percentage. A partner's share of each modification must be reported to the partner on Schedule K-1 or an equivalent form.

SCHEDULE II—List all partners or members (LLCs). Attach additional sheets if necessary. Schedule II is not needed if all partners' K-1s are attached.

Name	Social Security No. or EIN No.	Profit/loss sharing % at end of year:	<input type="checkbox"/> General partner
Street Address	City	State	<input type="checkbox"/> Limited partner
		ZIP Code	<input type="checkbox"/> LLC member

Name	Social Security No. or EIN No.	Profit/loss sharing % at end of year:	<input type="checkbox"/> General partner
Street Address	City	State	<input type="checkbox"/> Limited partner
		ZIP Code	<input type="checkbox"/> LLC member

Name	Social Security No. or EIN No.	Profit/loss sharing % at end of year:	<input type="checkbox"/> General partner
Street Address	City	State	<input type="checkbox"/> Limited partner
		ZIP Code	<input type="checkbox"/> LLC member

Name	Social Security No. or EIN No.	Profit/loss sharing % at end of year:	<input type="checkbox"/> General partner
Street Address	City	State	<input type="checkbox"/> Limited partner
		ZIP Code	<input type="checkbox"/> LLC member

ATTACH: A copy of your 1995 Federal Partnership Return (Form 1065) pages 1 through 4, plus all supporting schedules.

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.			
SIGN HERE	<input checked="" type="checkbox"/> _____ Your signature	_____ Date	<input checked="" type="checkbox"/> _____ Signature of preparer other than taxpayer
	_____ Street Address	_____ Street Address	_____ License No.
	_____ City _____ State _____ ZIP Code	_____ City _____ State _____ ZIP Code	

Detach Instructions before mailing

Tear off the instructions and file the return on or before the 15th day of the fourth month after the close of the partnership's tax year.

MAIL TO: Oregon Department of Revenue, PO Box 14260, Salem OR 97309-5060