


For calendar year 1997 or fiscal year ending _____

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

For Office Use Only	
Date Received	
Federal Employer Identification Number	
Oregon Business Identification Number	
City	Date Activities Started in Oregon

Name of Partnership		
Street Address		
City	State	ZIP Code

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

1. Requirement to file Oregon Partnership Return.

- | | | |
|---|--------------------------|--------------------------|
| A. Does the partnership have income derived from sources in Oregon? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the partnership have Oregon resident partners? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **yes** to A or B, you must file an Oregon partnership return. Attach a complete copy of your federal return to **this** return. See question 2 to see if you need to include federal Schedule K-1s.

2. Attaching copies of partners federal Schedule K-1s.

- | | | |
|---|--------------------------|--------------------------|
| A. Did the partnership have a net profit for the year (including capital gains and losses)? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Were the partners and profit/loss sharing percentages the same throughout the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were all amounts shown on federal Schedule K (including guaranteed payments) and Oregon modifications divided according to each partner's profit sharing percentage? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did the partnership have more than 10 partners at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

- If A, B, and C were **all answered yes**; or
 - If you answered **yes** to D,
- don't** attach copies of the federal Schedule K-1s to your return. Instead, attach a list showing each partner's name, Social Security or Federal Identification number, address, and profit/loss sharing percentage.

3. Prior year return and final return.

- | | | |
|--|--------------------------|--------------------------|
| A. Was a 1996 Oregon partnership return filed? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
- If **no**, give the reason. If filed using a different name, give the name it was filed under.
- _____

- | | | |
|--|--------------------------|--------------------------|
| B. Is this the final return for the partnership? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
- If yes, **attach a schedule** showing disposition of all partnership assets and liabilities. Show each asset's adjusted basis and fair market value.

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

- | | | |
|--|--------------------------|--------------------------|
| A. Did an IRS audit change a prior year return? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Was an amended federal return filed for a prior year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **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 separately from this return if not previously sent.

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

- | | | |
|---|--------------------------|--------------------------|
| A. Does the partnership have business activity both inside and outside of Oregon during the year? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the partnership have any partners who were not Oregon residents during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to **both A and B**, use Schedule AP-1 from Oregon Form 20 or equivalent to figure your Oregon source income. Attach the schedule to this return. To order forms, see page 2 of the instructions.

6. Oregon tax credits.

- | | | |
|---|--------------------------|--------------------------|
| Are any partners eligible for Oregon tax credits based on costs the partnership paid or incurred? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|
- If yes, identify the tax credits. _____

YES NO

7. Other taxing authorities.

- A. Do partnership employees perform services in the Tri-Met District? YES NO
- B. Do any partners have self-employment income from the partnership in the Tri-Met District? YES NO
- C. Do partnership employees perform services in the Lane Transit District? YES NO
- B. Do any partners have self-employment income from the partnership 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.

8. Who has the partnership books?

Name		Telephone Number ()	
Street Address	City	State	ZIP Code

SCHEDULE I—Oregon modifications to Federal Partnership Income. Attach schedules to explain and figure 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. Depreciation, see instructions on page 1 for more information	3		
4. Recognition of previously deferred gain	4		
5. Depletion in excess of basis	5		
6. Gain or loss on sale of assets when Oregon basis is different	6		
7. Other additions. Identify _____	7		

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

8. U.S. Government Interest	8		
9. Gain on property transactions already taxed by Oregon.	9		
10. Depreciation, see instructions on page 1 for more information	10		
11. Oregon deferral of reinvested gain	11		
12. Work opportunity credit	12		
13. Gain or loss on sale of assets when Oregon basis is different	13		
14. Other subtractions. Identify _____	14		

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.

ATTACH: A copy of your 1997 Federal Partnership Return.

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.

➔	<input checked="" type="checkbox"/> Your signature Date	➔	<input checked="" type="checkbox"/> Signature of preparer other than taxpayer License No.
SIGN HERE	Street Address		Street Address
	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