|              | ₹  | Form 37 is attached  | Code       | Tax                   | P&I            | Payment                  |              | Date Received             | d          |
|--------------|--|--|------------|-----------------------|----------------|--------------------------|--------------|---------------------------|------------|
|              | ₹  | Amended return   |            |                       |                | _                        | $\downarrow$ |                           |            |
|              |  | First return (see "K", pg. 2)                                |            |                       |                |                          |              |                           |            |
|              |  | Final return (see "L", pg. 2)                                |            |                       |                | Extension                | Date         | 1 2                       | 3          |
|              |  |  |            |                       |                | <b>\</b>                 |              | $\downarrow$ $\downarrow$ | ↓          |
|              |  |  |            |                       |                |                          |              |                           |            |
|              | FORM   |  |            |                       |                |                          |              |                           |            |
|              | $\mathbf{\Omega}$  | T OREGON (   | CORP       | PORATION I            | NCOME          | TAX RETU                 | RN           | 40                        | <b>^</b> _ |
|              | ÷/()-  |  |            |                       |                |                          |              | <b>÷19</b>                | 45         |
|              |  | or other taxable year b                                      | eginning _ |                       | , 1995, ending | ,                        | 19           | _                         |            |
|              |  | Name   |            |                       |                |                          | Federal      | I Employer ID No.         |            |
|              | PLACE  | •  |            |                       |                | •                        |              |                           |            |
|              | MAILING  |  |            |                       |                |                          |              |                           |            |
|              | $\rightarrow$  | Mailing Address Oregon Filing No.                            |            |                       |                |                          |              |                           | uctions)   |
|              | LABEL  | •  |            |                       |                |                          |              |                           |            |
|              | HERE   | City   |            | S                     | tate ZIP Code  |                          | County       |                           |            |
|              | IILIXL   | •  |            | •                     | •              | _ •                      |              |                           |            |
|              | DIFA   | SE ATTACH A COMPLE   | TE COE     | OV OF YOUR FEDI       | ERAL FORM      | 1120 OR 1120-            | Λ ΛΝΙ        | D SCHEDIII E              |            |
|              |  |  |            |                       |                |                          |              |                           | <u> </u>   |
|              |  | come from U.S. corporation                                   | income     | tax return, Form 1120 | or 1120-A (se  | e instructions)          | • 1          | <b>T</b>                  |            |
| Г            |  | S (see instructions)   |            |                       |                |                          |              | ٦                         |            |
|              |  | nicipal, and other interest inc                              |            | _                     |                | 2 💆                      |              | +                         |            |
|              | _  | cise income tax deducted in                                  | _          |                       |                | 3 \$                     |              | +                         |            |
|              |  | e or foreign taxes on or mea                                 | -          | •                     |                | 4 💆                      |              | +                         |            |
|              |  | epreciation or amortization in                               |            | _                     |                |                          |              | +                         |            |
|              |  | related FSC or DISC  |            |                       |                |                          |              | -                         |            |
| payment here |  | itions. Attach schedule and                                  | -          |                       |                |                          | - 0          |                           |            |
| it<br>h      |  | ditions (add lines 2 through 7)                              |            |                       |                |                          |              |                           |            |
| Jen          |  |  | 8)         |                       |                |                          | 9            |                           |            |
| Ž            |  | CTIONS (see instructions)                                    | 0,40000    | of fodoral allowance  | 4.             | <b>,</b>                 |              | ٦                         |            |
|              | _  | epreciation or amortization in                               |            |                       |                |                          |              | +                         |            |
| 泛            | -  | bs tax credit wages not dedu                                 |            |                       |                |                          |              | +                         |            |
| Attach       |  | on U.S. obligations and instrumentalities included in line 1 |            |                       |                |                          |              |                           |            |
| _            |  | <u> </u>   |            |                       |                |                          |              | 1                         |            |
|              |  | deduction. Attach schedule                                   | -          |                       |                |                          |              | 1                         |            |
|              |  | nonunitary corporations. Att<br>stractions. Attach schedule  |            |                       |                |                          |              | 7                         |            |
|              |  | ractions (add lines 10 throug                                | -          |                       |                |                          | <b>a</b> 17  |                           |            |
|              |  | e before apportionment (line                                 |            |                       |                |                          |              |                           |            |
|              |  | ount on line 18 to line 1, So                                |            |                       |                | •••••                    | 10           |                           |            |
| L            |  | xable income (from line 9, Se                                |            |                       |                |                          | <b>a</b> 19  | <b>+</b>                  |            |
|              | _  | x (6.6% of line 19)  |            | ·                     |                |                          |              |                           |            |
|              |  | 5 state surplus refund (50.19                                |            |                       |                |                          |              |                           |            |
|              |  | ment for LIFO benefit recapt                                 |            | •                     |                |                          |              |                           |            |
|              | -  | e tax (line 20 minus lines 21                                | -          | •                     |                |                          |              |                           |            |
|              |  | nts on this return (from line 7                              | -          |                       |                |                          |              |                           |            |
|              |  | or <overpayment> (line 23)</overpayment>                     |            |                       |                |                          |              |                           |            |
|              |  | nd interest due with this retur                              |            |                       |                |                          |              |                           |            |
|              | 27. Total now  | due (line 25 plus line 26)                                   |            |                       |                |                          | 27           |                           |            |
|              |  | vailable (line 24 minus lines 2                              |            |                       |                |                          |              |                           |            |
|              |  | refund to be credited to 199                                 |            | •                     |                |                          |              |                           |            |
|              | 30. Net Refun  | nd (line 28 minus line 29)                                   |            |                       |                | Net Refun                | <b>d</b> 30  |                           |            |
|              | Under penalties of 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  | Signature of officer   |            | Date                  | Signature of p | preparer other than taxp | ayer         |                           |            |

FOR DEPARTMENT OF REVENUE USE ONLY

Address

Extension is attached

## PLEASE COMPLETE THE FOLLOWING

| A. Incorporated in  | $\_$ (state), on   | (date)                                      |   |   |          | Send a copy of the                          |  |  |
|---|--|---|---|---|----------|---|--|--|
| B. State of commercial domicile   | <b>-</b>   |   | agent's report or the<br>not furnished previous |   | urn un   | nder separate cover, if                     |  |  |
| C. Date began business activity   | in Oregon_   |   | •K. If this is your <b>first</b> re             | -   | wheth    | er: New business.                           |  |  |
| D. Business Activity Code from Principal business activity  |  |   | or Successor to address, and federa             | previously exis<br>I employer iden  | sting b  | pusiness. Enter name, on number of previous |  |  |
| E. Telephone number (   | ) —  |   | business  |   |          |   |  |  |
| F. Accounting method  |  |   |   |   |          |   |  |  |
| If No, please enter name you  | G. Did you file under the same name last year? ☐ Yes ☐ No If No, please enter name you filed under last year  H.  4.  4.  4.  4.  4.  Yes ☐ No |   |   | L. If this is your <b>final</b> return, indicate whether:  Dissolved Withdrawn Merged or reorganized (date) |          |   |  |  |
| (2) Is this a consolidated Ore<br>(3) Are corporations included return, but not in the Ore<br>If (1), (2), or (3) is Yes, pleas                                     | egon return? ed in the cogon return? se see instru   | P Yes No onsolidated federal Yes No ctions. | Transportation D                                | istrict?<br>ees perform s<br>istrict?   | ervice   | Yes No s in the Lane County Yes No          |  |  |
| ▼ I. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire: —————————————————————————————————— |  |   |   |   | or tax i | Yes No                                      |  |  |
| ▼J. Has your federal taxable in<br>due to an IRS audit or amer  |  |   | N. Is this a Real Estat See instructions.       | e Mortgage Inv  | estme/   | ent Conduit (REMIC)?                        |  |  |
| tax year?   |  | ☐ Yes ☐ No                                  | O. Is this a Publicly Tra                       | ded Partnershi <sub>l</sub>   | p?       | ☐ Yes ☐ No                                  |  |  |
| SCHEDULE A — ESTIMATED  | TAX PAYN   | IENTS OR OTHER PR                           | EPAYMENTS                                       |   |          |   |  |  |
| Voucher Form 20-ES  |  | Month                                       | ate of Payment<br>Day                           | Year  |          | Amount Paid                                 |  |  |
| 1. Voucher 1  | 1  |   |   |   | 1        |   |  |  |
| 2. Voucher 2  | 2  |   |   |   | 2        |   |  |  |
| 3. Voucher 3  | 3  |   |   |   | 3        |   |  |  |
| 4. Voucher 4  | 4  |   |   |   | 4        |   |  |  |
| 5. Overpayment of 1994 tax ele  | ected as a cr  | redit (from line 17, page                   | e 1 of 1994 return)                             |   | . 5      |   |  |  |
| 6. Payments made with extens  | ion or other   | prepayments for the 19                      | 95 tax year (specify amount                     | and date made)  | . 6      |   |  |  |
| 7. Total prepayments (carry to  | line 24, page  | e 1)  |   |   | . 7      |   |  |  |
| 8. Last year's net income tax   |  |   | ₹8  |   |          |   |  |  |
| 9. Check box if you are <b>not</b> a "h   | nigh-income  | " taxpayer (see Form 3                      | 7 instructions) 🔻                               |   |          |   |  |  |

If the amount on line 23, page 1 is \$500 or more, see the instructions for "Interest on underpayment of estimated tax," page 2 of

Instructions for Form 20-I.

## **SCHEDULE B** — **APPORTIONMENT OF INCOME** (see instructions on reverse side)

| Describe the nature and location(s) of your Oregon but  | isiness activities                                 |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| 2. Enter the address and telephone number of the office   | where Oregon tax rec                               | ords are maintained                          |   |  |  |  |  |
| B. If figures in Schedule B-1 are based on revenue miles, please state the total revenue miles (a) in Oregon (both intrastate and interstate) and, (b) everywhere   |  |  |   |  |  |  |  |
| SCHEDULE B-1 — APPORTIONMENT FORMULA  |  |  |   |  |  |  |  |
| Property Factor     Value of real and tangible personal property used in the unitary business (owned, at average value; rented, at capitalized value):      a Owned property (at original cost; see instructions) Inventories                   | (A)<br>Total<br>Within<br>Oregon                   | (B)<br>Total<br>Within and<br>Without Oregon | (C) Percent Within Oregon (A ÷ B) × 100 |  |  |  |  |
| Land  | \$   | ) ( )<br>\$ \$                               | %                                       |  |  |  |  |
| 2. Payroll Factor Wages, salaries, commissions, and other compensation to employees: a. Compensation of officers b. Other wages, salaries, and commissions  | \$ \$  | \$ \$  | %                                       |  |  |  |  |
| a. Sales Factor  a. Sales delivered or shipped to Oregon purchasers:  (1) Shipped from outside Oregon   | *  |  |   |  |  |  |  |
| d. Total sales and other business gross receipts  | \$   | \$ \$  | %                                       |  |  |  |  |
| <ul> <li>4. Sales factor (same as line 3d)</li> <li>5. Total percent (add items 1, 2, 3, and 4, column C)</li> <li>6. Average percent (divide line 5 by the number of factor Schedule B-2) (compute percent to 4 decimal places</li> </ul>      | s in column B) (enter c                            | on line 4,                                   | %<br>%<br>%                             |  |  |  |  |
| <ol> <li>SCHEDULE B-2 — COMPUTATION OF TAXABLE INC</li> <li>Net income from business both in Oregon and other s</li> <li>Minus: Net nonbusiness income and gains from prior y included in line 1. Attach schedule (see instructions)</li> </ol> | tates (from line 18, pag<br>year installment sales |  | ,                                       |  |  |  |  |
| 3. Total net income subject to apportionment (line 1 minu   | us line 2)   | 3  |   |  |  |  |  |
| 4. Oregon apportionment percentage (from line 6, Schedule B-1 above)  |  |  |   |  |  |  |  |
| <ul><li>5. Income apportioned to Oregon (line 4 times line 3)</li><li>6. Add: Net nonbusiness income allocated entirely to Ore installment sales apportioned to Oregon. Attach sche</li></ul>   | egon and gains from p                              | 5 rior year                                  |   |  |  |  |  |
| 7. Total of lines 5 and 6  8. Minus: Oregon apportioned net loss from prior years a net capital loss from other years (see instructions)  | and  |  | 7                                       |  |  |  |  |
| 9. Oregon taxable income (line 7 minus line 8) (carry to I  | ine 19, page 1)                                    | 9  |   |  |  |  |  |

## INSTRUCTIONS — SCHEDULE B, B-1, AND B-2 — APPORTIONMENT OF INCOME

**Consolidated Returns.** If a corporation is a member of an affiliated group of corporations that filed a consolidated federal return, it must file an Oregon return based on that federal return.

A consolidated Oregon return is required when two or more affiliated corporations are:

- Included in a consolidated federal return;
- · Unitary; and
- At least one of the affiliated corporations is authorized or is doing business in Oregon, or has income from Oregon sources.

For more information on Oregon's consolidated return requirements, see Oregon Revised Statutes (ORS) 317.705 through 317.715 and the rules thereunder.

Corporations not included in a consolidated federal return must file a separate Oregon return if doing business or registered to do business in Oregon.

**Apportionment and Allocation.** Apportionment is dividing business income between the states by use of a formula. Allocation is the assignment of specific nonbusiness income to a state. A corporation having unitary business activities both inside and outside Oregon must use the apportionment and allocation methods provided under the Uniform Division of Income for Tax Purposes Act (ORS 314.605 through 314.670), ORS 314.680 through 314.690, and the rules under ORS 314.280.

The following businesses use modified or different apportionment factors as provided in the following Oregon Administrative Rules (OARs) and laws:

| Domestic insurance companies                     | ORS 317.660  |
|--|--|
| Title insurance companies incorporated in Oregon | OAR 150-314.280-(E)                                    |
| Health care service contractors                  | OAR 150-314.280-(E)                                    |
| Financial organizations                          | OAR 150-314.280-(N)                                    |
| Railroads  | OAR 150-314.280-(H)                                    |
| Airlines   | OAR 150-314.280-(I)                                    |
| Trucking companies                               | OAR 150-314.280-(J)                                    |
| Sea transportation companies                     | OAR 150-314.280-(K)                                    |
| Interstate river transportation companies        | OAR 150-314.280-(L)                                    |
| Long term construction contractors               | OAR 150-314.615-(F)                                    |
| Movie and television production companies        | OAR 150-314.655(2)-(D)                                 |
| Interstate broadcasters                          | ORS 314.682,<br>OAR 150-314.684 (4)<br>OAR 150-314.686 |

Oregon income is the total of the corporation's apportioned and allocated income assigned to Oregon.

Schedule B must be completed by each corporation carrying on a unitary business both inside and outside Oregon. If another method of assigning income is proposed, Schedule B still must be completed. A full explanation of the other method must be made.

The denominators of the property, payroll, and sales factors shall include amounts from corporations included in the consolidated federal return **and** part of the unitary group. The numerators of the factors shall include the Oregon property, payroll, and sales from each of the corporations taxable by Oregon.

**Property Factor.** (1) Value owned property at original cost. Show the average value during the taxable year of real and tangible personal property used in the business. This is the average of property

values at the beginning and end of the tax period. An average of the monthly values may be required if a more reasonable value results.

(2) Value rented property at eight times the annual rental value. Reduce the annual rental value by nonbusiness subrentals.

Enter all owned or rented business property in Column B of Schedule B-1. Enter business property within Oregon in Column A. See ORS 314.655 and the rules thereunder.

Payroll Factor. Assign payroll to Oregon if:

- · The services are performed entirely inside Oregon; or
- The services are both inside and outside of Oregon but those services outside are only incidental; or
- Some of the services are performed in Oregon and (a) the base of operation or control is located in Oregon, or (b) the base of operation or control is not in any state in which the services are performed and the employee's residence is in Oregon.

See ORS 314.660 and the rules thereunder.

Sales Factor. Assign sales to Oregon if:

- The property is shipped or delivered to a purchaser in Oregon other than the United States Government; or
- The property is shipped from a warehouse or other place of storage in Oregon; and (a) the purchaser is the United States Government or (b) the corporation is not taxable in the state of the purchaser. (See ORS 314.665(3) for exception.)

See ORS 314.620 and Public Law 86-272 to determine if a corporation is taxable in another state.

Charges for services are Oregon sales to the extent the services are performed in Oregon. See ORS 314.665 and the rules thereunder.

**Line 5. Average Percent.** Divide the sum of the property factor, the payroll factor, and two times the sales factor by 4 if the corporation had all of these factors. Reduce the denominator of 4 by the number of factors with a zero denominator. Example: If a unitary group of corporations had no payroll anywhere, the payroll factor would have a zero denominator and the sum of the factors would be divided by 3 (if no sales, divide by 2).

**Business and Nonbusiness Income.** "Business income" is income arising from transactions and activities in the regular course of the taxpayer's business. It includes income from tangible and intangible property related to the regular business operation. Examples of business income are:

- · Sales of products or services;
- · Rents, if property rental is a related business activity;
- Royalties, if the patent, processes, etc., were developed by or used in the business operation;
- · Gain or loss on the disposal of business property;
- Interest income on trade receivables or installment contracts arising out of the business or from the investment of working capital.

"Nonbusiness income" means all income other than business income. Rents, royalties, gains or losses, and interest can also be nonbusiness income, if they arise from investments not related to the taxpayer's business. Nonbusiness income is allocated to a particular state based upon the source of the income. Gain or loss from the sale of a partnership interest may be allocable to Oregon. See ORS 314.635(4). A schedule of nonbusiness income must be attached to the return. The amounts allocable to Oregon must be added to Oregon's apportioned income. See ORS 314.610 and the rules thereunder.

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