

**OREGON INSURANCE
EXCISE TAX RETURN**

.1997

**Form
.20-INS**

• beginning _____, 1997
• ending _____

For office use only

Date received		
Payment		
1	2	3

USE LABEL Otherwise please print or type.	Name _____	Federal employer ID number _____	
	Mailing address _____ Place label here _____	Business identification number _____	
	City _____ State _____ ZIP Code _____	Contact person _____	
	_____	Telephone number _____	

An extension is attached
 Form 37 is attached
 This is an amended return

•A. Incorporated in _____ (state), on _____ (date) •B. State of commercial domicile _____ •C. Date began business activity in Oregon _____ •D. Business Activity Code from your federal return _____ •E. (1) Was a consolidated federal return filed? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Is this a consolidated Oregon return? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Are corporations included in the consolidated federal return, but not in the Oregon return? <input type="checkbox"/> Yes <input type="checkbox"/> No If (1), (2) or (3) is yes, please see instructions. F. If you have more than 3 affiliates doing business in Oregon, check the box and see instructions <input type="checkbox"/> •G. Are you a high-income taxpayer? Please see instructions <input type="checkbox"/> Yes <input type="checkbox"/> No •H. List the tax years for which federal waivers of the statute of limitations	are in effect and dates on which waivers expire. _____ •I. List the tax years for which your federal taxable income was changed by an IRS audit, or by an amended federal return filed during this tax year: _____ Send a copy of the agent's report or the amended return under separate cover, if not furnished previously. •J. If this is your first return, indicate whether: <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previously existing business. Enter name and federal employer identification number of previous business: _____ •K. If this is your final return, indicate whether: <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, <input type="checkbox"/> Merged or reorganized. Enter name and federal employer identification number of merged or reorganized corporation: _____
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PLEASE ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120-PC OR 1120-L AND SCHEDULES

Net income from the Annual Statement to the Insurance Commissioner:	
1. Life and accident and health companies (from line 33, page 4 of the annual statement)	1 _____
2. Less: income, expenses and other items attributable to separate accounts (see instructions).....	2 _____
3. Subtotal (line 1 minus line 2)	3 _____
4. Fire, property and casualty companies (from line 16, page 4 of the annual statement).....	4 _____
5. Less: underwriting profit derived from wet marine and transportation insurance (see instructions)	5 _____
6. Subtotal (line 4 minus line 5)	6 _____
7. Total (line 3 plus line 6)	7 _____
ADDITIONS (see instructions)	
8. Federal income taxes deducted in arriving at line 7	8 _____
9. State income taxes deducted in arriving at line 7	9 _____
10. Penalty interest on prepayment of loans	10 _____
11. Realized gains and losses excluded from line 7	11 _____
12. Decreases in certain reserves	12 _____
13. Total additions (add lines 8 through 12).....	13 _____
14. Income after additions (line 7 plus line 13)	14 _____
SUBTRACTIONS (see instructions)	
15. Amortization of past service credits	15 _____
16. Increases in certain reserves	16 _____
17. Depreciation in excess of method claimed in computing net income	17 _____
18. Total subtractions (add lines 15 through 17)	18 _____
19. Income before net loss deduction (line 14 minus line 18) (carry forward to line 20, page 2)	19 _____

Attach payment here

20. Income before net loss deduction—carried forward from line 19, page 1 20

If income is derived from sources both in Oregon and other states, carry amount on line 20 to line 1, Schedule AP-2, and skip line 21 below.

21. Net loss deduction and net capital loss deduction. **Attach schedule** (see instructions) 21

22. Oregon taxable income (line 20 minus line 21 or amount from line 9, Schedule AP-2) 22

23. Excise tax (6.6% of line 22) (**minimum tax is \$10**) 23

24. Tax adjustment for interest on certain installment sales (see instructions) 24

25. Total tax (line 23 plus line 24) 25

CREDITS (for information on other credits see circular "Tax Credits for Corporations" (150-102-694))

26. Other credits (see instructions) 26

27. Workers' Compensation credit 27

28. Fire insurance gross premiums tax credit 28

29. Total (add lines 26 through 28) 29

30. Line 25 minus line 29 (not less than \$10) 30

31. OLHIGA (Oregon Life and Health Insurance Guaranty Association) offset (see instructions) 31

32. OIGA (Oregon Insurance Guaranty Association) offset (see instructions) 32

33. Total (line 31 plus line 32) 33

34. Excise tax after credits (line 30 minus line 33) (not less than \$10) 34

35. 1995-97 state surplus refund (42.2% of line 34) 35

36. Net excise tax (line 34 minus line 35) (not less than \$10) 36

37. Estimated tax payments for tax year 1997. **Include payments made with your extension** 37

38. **Tax Due.** Is line 36 more than line 37? If so, line 36 minus line 37 **Tax Due** 38

39. **<Overpayment>** Is line 36 less than line 37? If so, line 37 minus line 36 **<Overpayment>** 39

40. Penalty due with this return (see instructions) 40

41. Interest due with this return (see instructions) 41

42. Interest on underpayment of estimated tax. Attach Form 37 42

43. Total penalty and interest (add lines 40 through 42) 43

44. Total now due (line 38 plus line 43) 44

45. **Refund** available (line 39 minus line 43) **Refund** 45

46. Amount of refund to be credited to 1998 estimated tax **1998 Credit** 46

47. **Net Refund** (line 45 minus line 46) **Net Refund** 47

SCHEDULE AF — Schedule of Affiliates

If this is a consolidated return, please list those affiliates doing business in Oregon. (DO NOT INCLUDE the affiliate shown on the heading of this tax return.)

Business ID Number Federal ID Number	Name	If new affiliate during this year, enter date affiliate became part of unitary group	If affiliate ceased to be part of the unitary group, please indicate date affiliate left group
BIN			
FID			
BIN			
FID			
BIN			
FID			

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 preparer other than taxpayer _____

Title _____ Address _____

SCHEDULE AP — APPORTIONMENT OF INCOME (see instructions)

Describe the nature and location(s) of your Oregon business activities _____

SCHEDULE AP-1 — APPORTIONMENT FORMULA

1. Real Estate Income and Interest Factor

- a. Total net income received from real property (gross rental income less real estate expenses, property taxes, and depreciation)
- b. Interest received on loans secured by real property
- c. Total

(A) Total Within Oregon	(B) Total Within and Without Oregon	(C) Percent Within Oregon (A ÷ B) × 100
\$	\$	%

2. Wage and Commission Factor

- Wages, salaries, commissions, and other compensation to employees and insurance salespeople:
- a. Compensation of officers
 - b. Other wages, salaries, and commissions
 - c. Total wages and salaries

\$	\$	%

3. Insurance Sales Factor

- a. Direct premiums (see instructions)
- b. Annuity considerations
- c. Finance and service charges
- d. Total

\$	\$	%

- 4. Total percent (add items 1, 2, and 3, column C)
- 5. Average percent (divide line 4 by the number of factors in column B) (enter on line 4, Schedule AP-2) (compute percent to 4 decimal places (e.g., 12.3456%))

SCHEDULE AP-2 — COMPUTATION OF TAXABLE INCOME

1. Net income from business both in Oregon and other states (from line 20, page 2).....	1	
2. Minus: Gains from prior year installment sales included in line 1. Attach schedule (see instructions).....	2	
3. Total net income subject to apportionment (line 1 minus line 2)	3	
4. Oregon apportionment percentage (from line 5, Schedule AP-1)	4	× %
5. Income apportioned to Oregon (line 3 times line 4)	5	
6. Add: Gain from prior year installment sales apportioned to Oregon. Attach schedule (see instructions).....	6	
7. Total of lines 5 and 6	7	
8. Minus: Oregon apportioned net loss from prior years and net capital loss from other years (see instructions for line 21, Form 20-INS)	8	
9. Oregon taxable income (line 7 minus line 8) (carry to line 22, page 2)	9	