

OREGON CORPORATION EXCISE TAX RETURN

Form 20 1997

or other taxable year

beginning _____, 1997

ending _____

For office use only

Date received _____

Payment _____

1	2	3
---	---	---

If you filed a return in 1996, indicate whether:
 Name and/or Address is different.

Federal employer ID number _____

Business identification number _____

Contact person _____

Telephone number _____

USE LABEL

Name _____

Otherwise please print or type. _____ Place label here _____

Mailing address _____

City _____ State _____ ZIP Code _____

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

Complete A through D only if this is your first return or the answer changed during 1997.

- 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? Yes No
 (2) Is this a consolidated Oregon return? Yes No
 (3) Are corporations included in the consolidated federal return, but not in the Oregon return? Yes No
 If (1), (2) or (3) is yes, please see instructions.
- F. If you have more than 13 affiliates doing business in Oregon, check the box and see instructions
- G. Are you a high-income taxpayer? Please see instructions Yes No
- H. List the tax years for which federal waivers of the statute of limitations

- 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:
 New business, or Successor to previously existing business.
 Enter name and federal employer identification number of previous business: _____
- K. If this is your **final** return, indicate whether:
 Withdrawn, Dissolved, Merged or reorganized. Enter name and federal employer identification number of merged or reorganized corporation: _____
- L. If you didn't complete Schedule AP, enter amount from federal Form 1120 or 1120A, line 1a: \$ _____

PLEASE ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120-A AND SCHEDULES

1. Taxable income from U.S. corporation income tax return, Form 1120 or 1120-A (see instructions)	1	_____
ADDITIONS (see instructions)		
2. State, municipal, and other interest income excluded in arriving at line 1	2	_____
3. Oregon excise tax, other state or foreign taxes on or measured by net income or profits	3	_____
4. Income of related FSC or DISC	4	_____
5. Other additions. Attach schedule and explanation	5	_____
6. Total additions (add lines 2 through 5)	6	_____
7. Income after additions (line 1 plus line 6)	7	_____
SUBTRACTIONS (see instructions)		
8. Work opportunity credit wages not deducted on federal Form 1120 or 1120-A	8	_____
9. Dividend deduction. Attach schedule and explanation	9	_____
10. Income of nonunitary corporations. Attach schedule and explanation	10	_____
11. Other subtractions. Attach schedule and explanation	11	_____
12. Total subtractions (add lines 8 through 11)	12	_____
13. Income before net loss deduction (line 7 minus line 12)	13	_____
If income is derived from sources both in Oregon and other states, carry amount on line 13 to line 1, Schedule AP-2, and skip line 14 below.		
14. Net loss deduction and net capital loss deduction. Attach schedule (see instructions)	14	_____
15. Oregon taxable income (line 13 minus line 14 or amount from line 11, Schedule AP-2) (carry forward to line 16, page 2)	15	_____

Attach payment here

16. Oregon taxable income (carried forward from line 15, page 1)	16	
17. Excise tax (6.6% of line 16) (minimum tax is \$10)	17	
18. Tax adjustment for interest on certain installment sales (see instructions)	18	
19. Total tax (line 17 plus line 18)	19	

CREDITS (for information on credits see circulars "Tax Credits for Corporation" (150-102-694) and "Additional Tax Credits for Corporations" (150-102-699))

20. Pollution control facility credit (form 150-102-029)	20	
21. Pollution prevention credit	21	
22. Lender's credit: Energy conservation—Loans after 12-31-81 (form 150-102-125)	22	
23. Lender's credit: Low income housing—Loans after 12-31-89 (form 150-102-125)	23	
24. Lender's credit: Farmworker housing—Loans after 12-31-89 (form 150-102-125)	24	
25. Business energy credit	25	
26. Farmworker housing project investment credit	26	
27. Fish screening device credit	27	
28. Dependent care credit: Assistance (form 150-102-032)	28	
29. Dependent care credit: Facility (form 150-102-032)	29	
30. Dependent care credit: Information and referral (form 150-102-032)	30	
31. Research credit (form 150-102-128)	31	
32. Bone marrow donation program credit	32	
33. Child development credit	33	
34. Computer, scientific equipment, or research credit	34	
35. Crop gleaning credit	35	
36. Fish habitat improvement credit	36	
37. Fish gleaning credit	37	
38. Reclaimed plastics product credit	38	
39. Reforestation credit	39	
40. Total credits (add lines 20 through 39)	40	
41. Excise tax after credits (line 19 minus line 40) (not less than \$10)	41	
42. 1995-97 state surplus refund (42.2% of line 41)	42	
43. Tax adjustment for LIFO benefit recapture (see instructions)	43	
44. Net excise tax (line 41 minus lines 42 and 43) (not less than \$10)	44	
45. Estimated tax payments for tax year 1997. Include payments made with your extension	45	
46. Tax Due. Is line 44 more than line 45? If so, line 44 minus line 45	46	Tax Due
47. <Overpayment> Is line 44 less than line 45? If so, line 45 minus line 44	47	<Overpayment>
48. Penalty due with this return (see instructions)	48	
49. Interest due with this return (see instructions)	49	
50. Interest on underpayment of estimated tax (see instructions). Attach Form 37	50	
51. Total penalty and interest (add lines 48 through 50)	51	
52. Total due (line 46 plus line 51) (see instructions)	52	
53. Refund available (line 47 minus line 51)	53	Refund
54. Amount of refund to be credited to 1998 estimated tax	54	1998 Credit
55. Net Refund (line 53 minus line 54)	55	Net Refund

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. 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
 - Buildings and other depreciable assets
 - Land
 - Other assets (describe) _____
 - Minus: Construction in progress
 - Total of section a
- b. Rented property (capitalize at 8 times the rental paid) ...
- c. Total owned and rented property

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

2. Payroll Factor

Wages, salaries, commissions, and other compensation to employees:

- a. Compensation of officers
- b. Other wages, salaries, and commissions
- c. Total wages and salaries

• \$	• \$	

3. Sales Factor

- a. Sales delivered or shipped to Oregon purchasers:
 - (1) Shipped from outside Oregon
 - (2) Shipped from inside Oregon
- b. Sales shipped from Oregon to:
 - (1) The United States government
 - (2) Purchasers in a state or country where the corporation is not taxable (e.g., under Public Law 86-272)
- c. Other business gross receipts
- d. Total sales and other business gross receipts

• \$	• \$		%
\$	\$		%

4. Sales factor (same as line 3d)

5. Total percent (add items 1, 2, 3, and 4, column C)

6. Average percent (divide line 5 by the number of factors in column B) (enter on line 5, 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 13, Form 20 or line 15, Form 20-I) 1
- 2. Minus: Net nonbusiness income included in line 1. **Attach schedule** (see instructions) 2
- 3. Minus: Gains from prior year installment sales included in line 1. **Attach schedule** (see instructions) ... 3
- 4. Total net income subject to apportionment (line 1 minus line 2 and line 3) 4
- 5. Oregon apportionment percentage (from line 6, Schedule AP-1) 5 × %
- 6. Income apportioned to Oregon (line 5 times line 4)..... 6
- 7. Add: Net nonbusiness income allocated entirely to Oregon. **Attach schedule** (see instructions) 7
- 8. Add: Gain from prior year installment sales apportioned to Oregon. **Attach schedule** (see instructions) 8
- 9. Total of lines 6, 7 and 8..... 9
- 10. Minus: Oregon apportioned net loss from prior years and net capital loss from other years (see instructions for line 14, Form 20)..... 10
- 11. Oregon taxable income (line 9 minus line 10) (carry to line 15, Form 20, or line 16, Form 20-I) 11

•
•
×
•
•
•

SCHEDULE AF — Schedule of Affiliates

If this is a consolidated return, please list those affiliates doing business in Oregon that are part of the unitary group. (DO NOT INCLUDE the affiliate shown on the heading of this tax return.) Use a copy of this schedule to list additional affiliates if necessary.

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 during the year, please indicate date affiliate left group
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•
• BIN FID		•	•