



# Form 20-I OREGON CORPORATION INCOME TAX RETURN 1999

For office use only		
Date received		
Payment		
1	2	3

or Fiscal Year Mo / Day / Year Mo / Day / Year  
 • Beginning: / / 99 • Ending: / /

If you filed a return in 1998, indicate if you had a:  Name change  Address change

Name		Federal employer ID number	
		Business identification number	
Mailing address		<input type="checkbox"/> An extension is attached <input type="checkbox"/> Form 37 is attached <input type="checkbox"/> This is an amended return	
City	State	ZIP Code	
Contact person	Telephone number ( )		

### Corporations Required to File an Oregon Corporation Income Tax Return

Use **Form 20-I** when the corporation derives income from sources within Oregon, but the income-producing activity doesn't actually constitute "doing business" (see instructions, page 2).

Income is from an Oregon source if it is derived from—

- Tangible or intangible property located in Oregon.
- Any activity carried on in Oregon, whether intrastate, interstate, or foreign commerce.

**Don't file Form 20-I if the corporation is "doing business" in Oregon. Instead, file Form 20, Oregon Corporation Excise Tax Return.**

Attach payment here

<p><b>Complete A through D only if this is your first return or the answer changed during 1999.</b></p> <p>•A. Incorporated in _____ (state), on _____ (date)</p> <p>•B. State of commercial domicile _____</p> <p>•C. Date began business activity in Oregon _____</p> <p>•D. Business Activity Code from your federal return _____</p> <p>•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.</p> <p>F. If you have more than 13 affiliates with income from an Oregon source, check the box and see instructions ..... <input type="checkbox"/></p> <p>•G. Are you a high-income taxpayer? Please see instructions ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>•H. List the tax years for which federal waivers of the statute of limitations</p>	<p>are in effect and dates on which waivers expire. _____</p> <p>_____</p> <p>• 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.</p> <p>• J. If this is your <b>first</b> 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: _____</p> <p>• K. If this is your <b>final</b> 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: _____</p> <p>• L. If you didn't complete Schedule AP, enter gross receipts from federal Form 1120 or 1120A, line 1a: \$ _____</p>
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**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 (line 28) or 1120-A (line 24) .....	1	
<b>ADDITIONS</b> (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. <b>Attach schedule and explanation</b> .....	5	
6. Total additions (add lines 2 through 5) .....	6	
7. Income after additions (line 1 plus line 6) .....	7	
<b>SUBTRACTIONS</b> (see instructions)		
8. Work opportunity tax credit wages not deducted on federal Form 1120 or 1120-A .....	8	
9. Interest on U.S. obligations and instrumentalities included in line 1 .....	9	
10. State of Oregon interest income included in line 2 .....	10	
11. Dividend deduction. <b>Attach schedule and explanation</b> .....	11	
12. Income of non-unitary corporations. <b>Attach schedule and explanation</b> .....	12	
13. Other subtractions. <b>Attach schedule and explanation</b> .....	13	
14. Total subtractions (add lines 8 through 13) .....	14	
15. Net income before apportionment (line 7 minus line 14). Carry amount on line 15 to Schedule AP-2, line 1 ...	15	
16. Oregon taxable income (from Schedule AP-2, line 11) .....	16	
17. Income tax (6.6% of line 16) .....	17	
18. Tax adjustment for interest on certain installment sales (see instructions) .....	18	
19. Total tax (line 17 plus line 18) .....	19	
20. Tax adjustment for LIFO benefit recapture (see instructions) .....	20	
21. Net income tax* (line 19 minus line 20) .....	21	
22. 1999 estimated tax payments from Schedule ES. Include payments made with extension (see instructions) ..	22	
23. <b>Tax Due.</b> Is line 21 more than line 22? If so, line 21 minus line 22 .....	<b>Tax Due</b>	
24. <b>Overpayment.</b> Is line 21 less than line 22? If so, line 22 minus line 21 .....	<b>Overpayment</b>	
25. Penalty due with this return (see instructions) .....	25	
26. Interest due with this return (see instructions) .....	26	
27. Interest on underpayment of estimated tax (see instructions) <b>Attach Form 37</b> .....	27	
28. Total penalty and interest (add lines 25 through 27) .....	28	
29. <b>Total due</b> (line 23 plus line 28) (see instructions) .....	<b>Total Due</b>	
30. <b>Refund</b> available (line 24 minus line 28) .....	<b>Refund</b>	
31. Amount of refund to be credited to 2000 estimated tax .....	<b>2000 Credit</b>	
32. <b>Net Refund</b> (line 30 minus line 31) .....	<b>Net Refund</b>	

\* If the amount on line 21 is \$500 or more, see the instructions for interest on underpayment of estimated tax, page 16.

**SCHEDULE ES — ESTIMATED TAX PAYMENTS OR OTHER PREPAYMENTS** (see instructions)

Voucher	Date of Payment			Amount Paid
	Month	Day	Year	
1. Voucher 1	1			1
2. Voucher 2	2			2
3. Voucher 3	3			3
4. Voucher 4	4			4
5. Overpayment of last year's tax elected as a credit against this year's tax .....				5
6. Payments made with extension or other prepayments for this tax year (date paid ___ / ___ / ___) .....				6
7. Claim of right tax credit (attach computation and explanation) .....				7
8. Total prepayments (carry to line 22) .....				8
9. Last year's net income tax .....		9		

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 \_\_\_\_\_

Title \_\_\_\_\_

Signature of preparer other than taxpayer \_\_\_\_\_

Address \_\_\_\_\_

**Mail refund returns and no tax due returns to:**  
Refund, PO Box 14777, Salem OR 97309-0960

**Mail tax-to-pay returns to:**  
Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

**SCHEDULE AP — APPORTIONMENT OF INCOME** (see instructions, pages 18 and 19)

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 receipts .....
- d. Total sales and other business receipts .....

		%

4. Sales factor (same as line 3d) .....		%
5. Total percent (add items 1c, 2c, 3d, and 4, within column C) .....		%
6. Average percent (divide line 5 by the number of factors in column B) (enter on Schedule AP-2, line 5) (compute percent to 4 decimal places (e.g., 12.34558 should be 12.3456%)) .....		%

**SCHEDULE AP-2 — COMPUTATION OF TAXABLE INCOME** (see instructions, page 19)

1. Net income from business both in Oregon and other states (from Form 20, line 13 or Form 20-I, line 15) 1	
2. Minus: Net nonbusiness income included in line 1. <b>Attach schedule</b> .....	2
3. Minus: Gains from prior year installment sales included in line 1. <b>Attach schedule</b> .....	3
4. Total net income subject to apportionment (line 1 minus line 2 and line 3) .....	4
5. Oregon apportionment percentage (from Schedule AP-1, line 6) .....	5 ×                      %
6. Income apportioned to Oregon (line 5 times line 4) .....	6
7. Add: Net nonbusiness income allocated entirely to Oregon. <b>Attach schedule</b> .....	7
8. Add: Gain from prior year installment sales apportioned to Oregon. <b>Attach schedule</b> .....	8
9. Total of lines 6, 7 and 8 .....	9
10. Minus: (a) Oregon apportioned net loss from prior years \$ _____, and (b) net capital loss from other years (see instructions for Form 20, line 14) \$ _____, from tax year _____ .....	10
11. Oregon taxable income (line 9 minus line 10) (carry to Form 20, line 15 or Form 20-I, line 16) .....	11

## SCHEDULE AF — SCHEDULE OF AFFILIATES

If this is a consolidated return, list those affiliates doing business in Oregon or with Oregon source income that are part of the unitary group. **DON'T INCLUDE** the affiliate shown on the heading of this tax return. Copy 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			
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