



<h1 style="margin: 0;">Form 20-I</h1> <h2 style="margin: 0;">OREGON CORPORATION INCOME TAX RETURN</h2> <h1 style="margin: 0;">2000</h1>		<p>For office use only</p> <p>Date received _____</p> <p>Payment _____</p> <p>1 2 3</p>
<p>or Fiscal Year Mo / Day / Year 00 Mo / Day / Year</p> <p>● Beginning: ● Ending:</p>		<p>If you filed a return in 1999, indicate if you had a: <input type="checkbox"/> Name change <input type="checkbox"/> Address change</p>
Name _____		Federal employer ID number _____
Mailing address _____		Business identification number _____
City _____	State _____	<input type="checkbox"/> An extension is attached <input type="checkbox"/> Form 37 is attached <input type="checkbox"/> This is an amended return
Contact person _____	ZIP Code _____ Telephone number () _____	

Attach payment here

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.

<p>Complete A through D only if this is your first return or the answer changed during 2000.</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 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 12 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>● 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 IRS report or the amended return under separate cover, if not furnished previously.</p> <p>● 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: _____</p> <p>● 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: _____</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		
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 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. Attach schedule and explanation	11		
12. Income of non-unitary corporations. Attach schedule and explanation	12		
13. Other subtractions. Attach schedule and explanation	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, page 17)	18		
19. Total tax (line 17 plus line 18)	19		
20. Tax adjustment for LIFO benefit recapture (see instructions, page 17)	20	<	>
21. Net income tax* (line 19 minus line 20)	21		▲
22. 2000 estimated tax payments from Schedule ES. Include payments made with extension (see instructions) ..	22		▲
23. Tax Due. Is line 21 more than line 22? If so, line 21 minus line 22	23	Tax Due	▲
24. Overpayment. Is line 21 less than line 22? If so, line 22 minus line 21	24	Overpayment	▲
25. Penalty due with this return (see instructions, page 17)	25		
26. Interest due with this return (see instructions, page 17)	26		
27. Interest on underpayment of estimated tax (see instructions) Attach Form 37	27		▲
28. Total penalty and interest (add lines 25 through 27)	28		
29. Total due (line 23 plus line 28) (see instructions, page 17)	29	Total Due	
30. Refund available (line 24 minus line 28)	30	Refund	
31. Amount of refund to be credited to 2001 estimated tax	31	2001 Credit	▲
32. Net Refund (line 30 minus line 31)	32	Net Refund	

* 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	<div style="display: flex; justify-content: space-between;"> Signature of officer Date </div>	Signature of preparer other than taxpayer
	<div style="display: flex; justify-content: space-between;"> Title Address </div>	Address

SCHEDULE AF — SCHEDULE OF AFFILIATES (See instructions, page 19)

A Schedule of Affiliates **must** be filed every year with each consolidated tax return. List those affiliates doing business in Oregon, or with Oregon source income, that are part of the unitary group included in this tax return.

Do not include in this list the affiliate shown on the heading of this tax return. You may copy this form if you have more than 12 affiliates to include on this list.

Business ID Number Federal ID Number	Name and Address	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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