

$\cdot 20^{\text{Form}}$

OREGON CORPORATION INCOME TAX RETURN

·2000

	For office use only							
•	Date received							
•	Payment							
•								
r	If you filed a return in 1999, indicate if you had a: ☐ Name change ☐ Address change							
	Federal employer ID number							

	or Fiscal Year ● Beginning:	Mo / D	Day Year 00	● Ending:	Mo /	Day / Year	If you filed a return in 1999, indicate if you had a: ☐ Name change ☐ Address change
Name							Federal employer ID number
							Business identification number
Mailing address							● An extension is attached
City			State	ZIP Code			● Form 37 is attached
Contact person			Telephone nur	nber)			● This is an amended return

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.

	omplete A through D only if this is your first return or the answer nanged during 2000.		are in effect and dates on which waivers expire.
	Incorporated in(state), on(date) State of commercial domicile	• 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
●C.	Date began business activity in Oregon		year: Send a copy of the IRS report or the amended return under separate
	(1) Was a consolidated federal return filed? Yes No		cover, if not furnished previously.
	(2) Is this a consolidated Oregon return?	● J.	If this is your first return, indicate whether: New business, or Successor to previously existing business.
	federal return, but not in the Oregon return? Yes No		Enter name and federal employer identification number of previous business:
F.	If (1), (2) or (3) is yes, please see instructions. If you have more than 12 affiliates with income	• K.	If this is your final return, indicate whether:
	from an Oregon source, check the box and see instructions		☐ Withdrawn, ☐ Dissolved, ☐ Merged or reorganized. Enter name and federal employer identification number of merged or reorganized
●G.	Are you a high-income taxpayer? Please see		corporation:
	instructions Yes No	● L.	If you didn't complete Schedule AP, enter gross receipts from federal
●H.	List the tax years for which federal waivers of the statute of limitations		Form 1120 or 1120A, line 1a: \$

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

150-102-023 (Rev. 9-00) Web

	ncome from U.S. corporat	ion i	ncome tax retui	rn, Form	1120 (line	e 28) or 1	120-A (lin	ne 24)		. 1	•		
	NS (see instructions)							ı				_		
	State, municipal, and other interest income excluded in arriving at line 1									4				
	Oregon excise tax, other state or foreign taxes on or measured by net income or profits 3									4				
	litions. Attach schedule													
	itions (add lines 2 through													
7. Income at	fter additions (line 1 plus l	ine 6	5)								. 7	'		
SUBTRA	CTIONS (see instructions)						ı				_		
	ortunity tax credit wages i					1120-A		8						
	n U.S. obligations and ins			ded in lin	e 1			I						
State of C	Pregon interest income inc	lude	d in line 2					10 9						
	deduction. Attach sched								•					
	f non-unitary corporations													
Other sub	tractions. Attach schedu	ıle a	nd explanatio	n				13¶						
14. Total sub	tractions (add lines 8 thro	ugh	13)								. 14			
15. Net incom	ne before apportionment (I	ine 7	minus line 14).	Carry an	nount on li	ne 15 to	Schedule	AP-2	2, lin	e 1	. 15	;		
16. Oregon ta	axable income (from Sche	dule	AP-2, line 11)					,			. 16	; •		
	x (6.6% of line 16)													
	tment for interest on certa													
-	(line 17 plus line 18)										. 19			
20. Tax adjus	tment for LIFO benefit red	aptu	ıre (see instruc	tions, pa	ge 17)						20	<		>
	ne tax* (line 19 minus line													
	mated tax payments from	,										: •		
	Is line 21 more than line 2											3 🖣		
	nent. Is line 21 less than										24			
	ue with this return (see ins													
	ue with this return (see ins													
	n underpayment of estima											7		
28. Total pen	alty and interest (add lines	s 25	through 27)	dono, A		01		'			28	: T		
	(line 23 plus line 28) (see													
	vailable (line 24 minus lin													
	f refund to be credited to													
	nd (line 30 minus line 31)										32			
* If the amou	nt on line 21 is \$500 or i	nore	e, see the instr	uctions	for intere	st on un	derpaym	nent o	ot es	stimated	tax, p	age 16	i .	
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SC	HEDULE ES — EST	IIVI	AIED IAX H	AYME			EK PKE	:PA	YW	ENIS (see ir	nstruct	ions)	
	Voucher		М	onth	Date of P	ayment	Day			Year		Δmoi	unt Paid	
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2. Voucher 2		2									2			
3. Voucher 3		3									3			
4. Voucher 4		4									4			
	ent of last year's tax elect		a a aradit again	ot thin \"	or'o tov						5			
	made with extension or of		•	-		المناهم م			٠٠٠٠٠٠					
•					• ,)		6 7			
	ght tax credit (attach comp		-	-							8			
	ayments (carry to line 22)										0			
Last year's	net income tax						9							
Under penalt	ies of false swearing, I de	eclai	e that I have e	examined	this retu	rn, includ	ling acco	mpar	nying	schedu	les an	d state	ments, a	nd
	my knowledge and belie				plete. If p	repared l	oy a pers	on o	ther	than tax	oayer,	this de	claration	is
based on all i	nformation of which the p	ера	rer has any kno	wledge.										
1														
-	Signature of officer			D-4-		0:	f		l 4l-	4				
SIGN	Signature of officer			Date		Signat	ure of prepa	arer ot	ner tr	ian taxpaye	er			
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150-102-023 (Re	v. 9-00) Web													
Mail refun	d returns and no tax du	e ret	urns to:	Mail	ax-to-pay	returns	to:							
Refund, Po	D Box 14777, Salem OR 9	730	9-0960		on Departi			PO B	3ox 1	4790, Sa	alem C	OR 9730	09-0470	

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 (C) 1. Property Factor (A) (B) Value of real and tangible personal property used Percent Within Total **Total Within** in the unitary business (owned, at average value; Oregon Within and rented, at capitalized value): $(A \div B) \times 100$ Oregon Without Oregon 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 2. Pavroll 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. Attach schedule _______2 3. Minus: Gains from prior year installment sales included in line 1. Attach schedule ______3 4. Total net income subject to apportionment (line 1 minus line 2 and line 3) % 5. Oregon apportionment percentage (from Schedule AP-1, line 6) 5 6. Income apportioned to Oregon (line 5 times line 4) _______6 8. Add: Gain from prior year installment sales apportioned to Oregon. Attach schedule 8. 9. Total of lines 6, 7 and 8 _______9 10. Minus: (a) Oregon apportioned net loss from prior years \$_ (b) net capital loss from other years (see instructions for Form 20, line 14) \$ ____

11. Oregon taxable income (line 9 minus line 10) (carry to Form 20, line 15, or Form 20-I, line 16)

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
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