



Form 20-S OREGON S CORPORATION TAX RETURN 2000

For office use only		
Date received		
Payment		
1	2	3

- Excise Tax (200)
- Income Tax (202)

or Fiscal Year Mo / Day / Year Mo / Day / Year
 • Beginning: / / 00 • Ending: / /

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			
City		State	ZIP Code
Contact person		Telephone number ()	

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

<p>Complete A through D only if this is your first return or the answer changed during 2000.</p> <ul style="list-style-type: none"> • 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. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire. _____ • F. 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. 	<ul style="list-style-type: none"> • G. 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: _____ • H. 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 Withdrawn, 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: _____ • I. If you didn't complete Schedule AP, enter gross receipts from federal Form 1120S, line 1A: \$ _____ • J. Enter amount from federal Form 1120S, line 21: \$ _____
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- ➡ **S CORPORATIONS WITHOUT FEDERAL TAXABLE INCOME**—start on line 7.
- ➡ **S corporations with federal taxable income from built-in gains, capital gains, or net passive investment income**—start on line 1.
- ➡ **S corporations with federal taxable income or LIFO benefit recapture**—see instructions.

Attach payment here

1. Income taxed on federal Form 1120S from:		
(a) Built-in gains _____,		
(b) Certain capital gains _____, and		
(c) Excess net passive income _____	Total	1
2. Additions (see instructions, page 4) _____		2
3. Subtractions (see instructions, page 4) _____		3
4. S corporation income before net loss deduction (line 1 plus line 2, minus line 3) _____		4
If income is derived from sources both in Oregon and other states, carry amount on line 4 to line 1, Schedule AP-2 and skip line 5 below.		
5. Net loss from prior years as C corporation. Attach schedule (deductible from built-in gain income only) _____		5
6. Oregon taxable income (line 4 minus line 5 or amount from line 11, Schedule AP-2) _____		6
7. Tax (6.6% of line 6) (excise tax returns, \$10 minimum tax) _____	7	
8. Tax adjustment for interest on certain installment sales (see instructions) _____	8	
9. Total tax (line 7 plus line 8) _____		9
10. Credits against tax (attach schedule) (see instructions, page 4) _____		10
11. Tax after credits (line 9 minus line 10) (excise tax not less than \$10) _____		11
12. Tax adjustment for LIFO benefit recapture (see instructions, page 4) _____		12
13. Net tax* (line 11 plus line 12) (excise tax not less than \$10) _____		13

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

14. 2000 estimated tax payments from Schedule ES. Include payments made with extension (see instructions)	14	
15. Tax Due. Is line 13 more than line 14? If so, line 13 minus line 14	Tax Due	15
16. Overpayment. Is line 13 less than line 14? If so, line 14 minus line 13	Overpayment	16
17. Penalty due with this return (see instructions, page 4)		17
18. Interest due with this return (see instructions, page 9)		18
19. Interest on underpayment of estimated tax. Attach Form 37		19
20. Total penalty and interest (add lines 17 through 19)		20
21. Total due (line 15 plus line 20) (see instructions, page 9)	Total Due	21
22. Refund available (line 16 minus line 20)	Refund	22
23. Amount of refund to be credited to 2001 estimated tax	2001 Credit	23
24. Net Refund (line 22 minus line 23)	Net Refund	24

*If the amount on line 11 is \$500 or more, see the instructions for interest on underpayment of estimated tax, page 9.

SCHEDULE SM — OREGON MODIFICATIONS PASSED THROUGH TO SHAREHOLDERS (see instructions)

Federal taxable income passed through to the shareholders is adjusted to the extent that items of income, loss or deduction of the shareholder, are required to be adjusted under the provisions of Oregon Revised Statutes, Chapters 314 and 316. Indicate which federal Schedule K-1 line item each modification is for.

ADDITIONS (see instructions)

1. Interest on government bonds of other states	(K-1 line ____)	1	
2. Gain or loss on the sale of depreciable property	(K-1 line ____)	2	
3. Other (attach schedule)		3	
4. Total Oregon additions		4	

SUBTRACTIONS (see instructions)

5. Interest from U.S. government, such as Series EE and HH bonds	(K-1 line ____)	5	
6. Gain or loss on the sale of depreciable property	(K-1 line ____)	6	
7. Work opportunity credit	(K-1 line ____)	7	
8. Other (attach schedule)		8	
9. Total Oregon subtractions		9	

SCHEDULE ES — ESTIMATED TAX PAYMENTS OR OTHER PREPAYMENTS

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. Total (carry to line 14 above)				7
8. Last year's net tax		8		

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
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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 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 line 5, Schedule AP-2)

(compute percent to 4 decimal places (e.g., 12.34558 should be 12.3456%))

SCHEDULE AP-2 — COMPUTATION OF TAXABLE INCOME

1. Net income from business both in Oregon and other states (from page 1, line 4)	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 (see instructions)	3	
4. Total net income subject to apportionment (line 1 minus lines 2 and 3)	4	
5. Oregon apportionment percentage (from Schedule AP-1, line 6)	5	X %
6. Income apportioned to Oregon (line 5 times line 4)	6	
7. Add: Net nonbusiness income allocated entirely to Oregon. Attach schedule	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: (a) Oregon apportioned net loss from prior years \$ _____, and (b) net capital loss from other years (see instructions) \$ _____, from tax year _____	10	
11. Oregon taxable income (line 9 minus line 10) (carry to page 1, line 6)	11	