



For office use only

Nar	CORPORATION EXCISE TAX RETURN  or Fiscal Year Mo / Day / Year Beginning: Mo / Day / Year Beginning: Mo / Day / Year Beginning: Mo / Day / Year / Day / Year / Day / Year / Day	Payment  1 2 3  If you filed a return in 1999, indicate if you had a: Name change Address change Federal employer ID number
		Business identification number
Mai	ling address	An extension is attached
City	State ZIP Code	● Form 37 is attached
Cor	tact person Telephone number  ( )	● This is an <b>amended return</b>
C	omplete A through D only if this is your first return or the answer are in effect and dates on whi	ch waivers expire.
	nanged during 2000.	
	Incorporated in(state), on(date)	
1	Data haran husinasa astivity in Oragan	ended federal return filed during this tax
	Scrid a copy of the rice repor	t or the amended return under separate
●⊑.	(1) Was a consolidated federal return filed?	•
		ccessor to previously existing business.
		ployer identification number of previous
	If (1), (2) or (3) is yes, please see instructions.	
F.	If you have more than 12 affiliates doing  •K. If this is your <b>final</b> return, indice	cate whether:
		☐ Merged or reorganized. Enter name
	_	ation number of merged or reorganized
●G.	Are you a high-income taxpayer? Please see corporation:	
	instructions	ule 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
1.	Taxable income from U.S. corporation income tax return, Form 1120 (line 28) or 1120-A (line 24)	1 •
	ADDITIONS (see instructions, page 5)	
	State, municipal, and other interest income excluded in arriving at line 1	
	Oregon excise tax, other state or foreign taxes on or measured by net income or profits 3	
	Income of related FSC or DISC	
	Other additions. Attach schedule and explanation  Total additions (add lines 2 through 5)	
	Total additions (add lines 2 through 5)	<b>-</b>
	Income after additions (line 1 plus line 6)	
8	SUBTRACTIONS (see instructions, page 6) Work opportunity credit wages not deducted on federal Form 1120 or 1120-A  8	
	Dividend deduction. Attach schedule and explanation	
	Income of nonunitary corporations. Attach schedule and explanation	
11.	Other subtractions. Attach schedule and explanation 11	
	Total subtractions (add lines 8 through 11)	12
13.	Income before net loss deduction (line 7 minus line 12)	40

If income is derived from sources both in Oregon and other states, carry amount on line 13 to Schedule AP-2, line 1, and skip line 14 below.

14. Net loss deduction and net capital loss deduction. **Attach schedule** (see instructions, page 15)

15. Oregon taxable income (line 13 minus line 14 or amount from Schedule AP-2, line 11) (carry forward to page 2, line 16)

Attach payment here

6. Oregon taxable income (carried forward from page 1, line 15) 7. Excise tax (6.6% of line 16) (minimum tax is \$10) 17. Excise tax (6.6% of line 16) (minimum tax is \$10) 18. Tax adjustment for interest on certain installment sales (see instructions, page 15) 18. Total tax (line 17 plus line 18) 19. Total tax (line 17 plus line 18) 19. Pollution control facility recidit (form 150-102-029) 10. Pollution control facility recidit (form 150-102-029) 11. Pollution prevention credit 12. Lender's credit: Energy conservation—Loans after 12-31-81 (form 150-102-125) 12. Lender's credit: Energy conservation—Loans after 12-31-89 (form 150-102-125) 12. Lender's credit: Energy conservation—Loans after 12-31-89 (form 150-102-125) 12. Lender's credit: Energy credit 12. Lender's credit: Energy credit 12. Lender's credit: Farmworker housing—Loans after 12-31-89 (form 150-102-125) 13. Lender's credit: Farmworker housing—Loans after 12-31-89 (form 150-102-125) 14. Lender's credit: Farmworker housing project investment credit 15. Business energy credit 15. Business energy credit 16. Farmworker housing project investment credit 16. Farmworker housing project investment credit 17. Dependent care credit (form 150-102-032) 18. Research credit (form 150-102-128) 19. Other credits: Identify: 10. Total credits (add lines 20 through 29) 10. Total credits (add lines 20 through 29) 11. Excise tax after credits (line 91 minus line 32) (not less than \$10) 12. Tax adjustment for LIFO benefit recapture (see instructions, page 16) 13. Net excise tax' (line 31 minus line 32) (not less than \$10) 13. Net excise tax' (line 31 minus line 32) (not less than \$10) 14. 2000 estimated tax ayements from Schedule ES. Include payments made with extension (see 15. Tax Due. Is line 33 ms ore than line 34? If so, line 34 minus line 34 10. Overpayment. Is line 33 line shan line 34? If so, line 34 minus line 33 11. Interest due with this return (see instructions, page 16) 12. Refund available (line 36 minus line 40) 13. And the propagation of the prepayment of las			
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9. Other credits. Identify:			
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Voucher 1 1   1   Voucher 2   2   2   Voucher 3   3   Voucher 4   4   Overpayment of last year's tax elected as a credit against this year's tax   Payments made with extension or other prepayments for this tax year (date paid / / _ Claim of right tax credit (attach computation and explanation)   Total prepayments (carry to line 34)   Last year's net excise tax   9			
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HERE	other than taxp	ayer	
Title Address			
0-102-020 (Rev. 9-00) Web			

## 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			
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	(A) Total Within Oregon	(B) Total Within and Without Oregon	(C) Percent Within Oregon (A ÷ B) × 100
Buildings and other depreciable assets  Land  Other assets (describe)  Minus: Construction in progress	(	) (	)
Total of section a	•	•	
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	•	•	%
a. 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)			%
<ul> <li>5. Total percent (add items 1c, 2c, 3d, and 4, within column</li> <li>6. Average percent (divide line 5 by the number of factors in (compute percent to 4 decimal places [e.g., 12.34558 sh</li> </ul>	n column B) (enter on Sch		%
SCHEDULE AP-2 — COMPUTATION OF TAXABLE INCO	OME (see instructions, pag	ge 19)	
<ol> <li>Net income from business both in Oregon and other sta</li> <li>Minus: Net nonbusiness income included in line 1. Atta</li> <li>Minus: Gains from prior year installment sales included</li> </ol>	in line 1. Attach schedul		3
4. Total net income subject to apportionment (line 1 minus			4
5. Oregon apportionment percentage (from Schedule AP-			
6. Income apportioned to Oregon (line 5 times line 4)		(	6
7. Add: Net nonbusiness income allocated entirely to Ore	gon. Attach schedule	<del>-</del>	7 •
8. Add: Gain from prior year installment sales apportioned	to Oregon. Attach sched	dule	3 •
9. Total of lines 6, 7 and 8			9
<ul> <li>10. Minus: (a) Oregon apportioned net loss from prior year (b) net capital loss from other years (see instructions for from tax year</li> <li>11. Oregon taxable income (line 9 minus line 10) (carry to the company of the company of</li></ul>	rs \$ r Form 20, line 14) \$	, and 10	

## 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 <b>new</b> 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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