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Form
# 20-INS
(200)

# OREGON INSURANCE EXCISE TAX RETURN

# 2001
Calendar Year

| For office use only |
|---|
| Date received |
| Payment |
| 1 2 3 |

SHORT YEAR ONLY ● Beginning: Mo / Day / Year 01 ● Ending: Mo / Day / Year 01

If you filed a return in 2000, 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**

**Complete A through D only if this is your first return or the answer changed during 2001.**

- A. Incorporated in _____ (state), on _____ (date)
- B. State of commercial domicile _____
- C. Date business activity began in Oregon _____
- D. Business Activity Code from federal return _____

- E. If (1), (2), or (3) is yes, see instructions on page 3.
  - (1) Was a consolidated federal return filed? ..... ☐ Yes ☐ No
  - (2) Is this a consolidated Oregon return? ..... ☐ **Yes** ☐ No
  - (3) Are corporations included in the consolidated federal return, but not in the Oregon return? ..... ☐ Yes ☐ No
- F. If you have more than 12 affiliates doing business in Oregon, check the box and see instructions on page 3. ☐
- G. Are you a high-income taxpayer? ..... ☐ Yes ☐ No Please see instructions on page 3.

- H. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire: _____
- 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.
- J. If this is your **first** return, indicate whether: ☐ New business, or ☐ Successor to previously existing business. Enter name, federal employer identification number, and BIN of previous business: _____
- K. If this is your **final** return, indicate whether: ☐ Withdrawn, ☐ Dissolved, ☐ Merged or reorganized. Enter name, federal employer identification number, and BIN of merged or reorganized corporation: _____

Attach payment here

Net income from the Annual Statement to the Insurance Commissioner:

| | | | |
|---|---|---|---|
| 1. | Life and accident and health companies (from page 4, line 35 of the annual statement) | 1 | |
| 2. | Less: Income, expenses, and other items attributable to separate accounts (see page 3) | 2 | |
| 3. | Subtotal (line 1 minus line 2) | 3 | |
| 4. | Fire, property, and casualty companies (from page 4, line 19 of the annual statement) | 4 | |
| 5. | Less: underwriting profit derived from wet marine and transportation insurance (see page 3) | 5 | |
| 6. | Subtotal (line 4 minus line 5) | 6 | |
| 7. | Total (line 3 plus line 6) | 7 | |
| | **ADDITIONS** (see instructions, pages 3 and 4) | | |
| 8. | Federal income taxes deducted in arriving at line 7 | 8 | |
| 9. | State income taxes deducted in arriving at line 7 | 9 | |
| 10. | Penalty interest on prepayment of loans | 10 | |
| 11. | Realized gains and losses on sales or exchanges by insurer of property excluded from line 7 | 11 | |
| 12. | Decreases in certain reserves | 12 | |
| 13. | Total additions (add lines 8 through 12) | 13 | |
| 14. | Income after additions (line 7 plus line 13) | 14 | |
| | **SUBTRACTIONS** (see instructions, page 4) | | |
| 15. | Amortization of past service credits | 15 | |
| 16. | Increases in certain reserves | 16 | |
| 17. | Depreciation in excess of annual statement allowance | 17 | |
| 18. | Total subtractions (add lines 15 through 17) | 18 | |
| 19. | Income before net loss deduction (line 14 minus line 18) | 19 | |



Now go to the back of this form ➔

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20. Income before net loss deduction—carried forward from page 1, line 19 ..... 20

**If income is derived from sources both in Oregon and other states, carry amount on line 20 to Schedule AP-2, line 1, and skip line 21 below. Please complete both Schedule AP-1 and Schedule AP-2.**

21. Net loss deduction. **Attach schedule** (see page 4) ..... 21
22. Oregon taxable income (line 20 minus line 21 or amount from Schedule AP-2, line 9) ..... 22
23. Excise tax (6.6% of line 22) **($10 minimum tax)** ..... 23
24. Tax adjustment for interest on certain installment sales (see page 4) ..... 24
25. Total tax (line 23 plus line 24) ..... 25

**CREDITS** [see circular *Tax Credits for Corporations* (150-102-694)]

26. Other credits _____ ..... 26
27. Workers' Compensation credit (see page 9) ..... 27
28. Fire insurance gross premiums tax credit (see page 9) ..... 28
29. Total (add lines 26 through 28) ..... 29
30. Line 25 minus line 29 (not less than $10) ..... 30
31. OLHIGA (Oregon Life and Health Insurance Guaranty Association) offset (see page 9) ... 31
32. OIGA (Oregon Insurance Guaranty Association) offset (see page 9) ..... 32
33. Total (line 31 plus line 32) ..... 33
34. Net excise tax* (line 30 minus line 33) (not less than $10) ..... 34
35. Estimated tax payments for tax year 2001 (from Schedule ES below). **Include payments made with your extension** ... 35
36. **Tax Due.** Is line 34 more than line 35? If so, line 34 minus line 35 ..... **Tax Due** 36
37. **Overpayment.** Is line 34 less than line 35? If so, line 35 minus line 34 ..... **Overpayment** 37
38. Penalty due with this return (see page 9) ..... 38
39. Interest due with this return (see page 9) ..... 39
40. Interest on underpayment of estimated tax. Attach Form 37 (see page 9) ..... 40
41. Total penalty and interest (add lines 38 through 40) ..... 41
42. **Total due** (line 36 plus line 41) ..... **Total Due** 42
43. **Refund** available (line 37 minus line 41) ..... **Refund** 43
44. Amount of refund to be credited to 2002 estimated tax ..... **2002 Credit** 44
45. **Net Refund** (line 43 minus line 44) ..... **Net Refund** 45

***If the amount on line 34 above is $500 or more, see the instructions for interest on underpayment of estimated tax, page 9.**

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

| Voucher | Date of Payment Month | Day | Year | Amount Paid |
|---|---|---|---|---|
| 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 prepayments (carry to line 35 above) ..... | | | | 7 |
| 8. Last year's net excise tax from 2000 Form 20-INS, line 34 ..... 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

**FILE THIS RETURN WITH THE OREGON DEPARTMENT OF REVENUE**

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

| Location | Nature of Business Activity |
|---|---|
| | |
| | |
| | |
| | |
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## SCHEDULE AP-1 — APPORTIONMENT FORMULA

| | (A) Total Within Oregon | (B) Total Within and Without Oregon | (C) Percent Within Oregon (A ÷ B) × 100 |
|---|---|---|---|
| **1. Real Estate Income and Interest Factor** | | | |
| a. Total net income received from real property (gross rental income less real estate expenses, property taxes, and depreciation) | | | |
| b. Interest received on loans secured by real property | | | |
| c. Total real estate income and interest | | | % |
| **2. Wage and Commission Factor** | | | |
| Wages, salaries, commissions, and other compensation to employees and insurance salespeople: | | | |
| a. Compensation of officers | | | |
| b. Other wages, salaries, and commissions | | | |
| c. Total wages and salaries | | | % |
| **3. Insurance Sales Factor** | | | |
| a. Direct premiums (see instructions) | | | |
| b. Annuity considerations | | | |
| c. Finance and service charges | | | |
| d. Total insurance sales | | | % |
| 4. Total percent (add lines 1c, 2c, 3d, and column C) | | | % |
| 5. Average percent (divide line 4 by the number of factors in column B) (enter on Schedule AP-2, line 4) [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 2, line 20) | 1 | |
| 2. Subtract: Gains from prior year installment sales included in line 1. **Attach schedule** (see page 11) | 2 | |
| 3. Total net income subject to apportionment (line 1 minus line 2) | 3 | |
| 4. Oregon apportionment percentage (from Schedule AP-1, line 5) | 4 | × % |
| 5. Income apportioned to Oregon (line 3 times line 4) | 5 | |
| 6. Add: Gain from prior year installment sales apportioned to Oregon. **Attach schedule** (see page 11) | 6 | |
| 7. Total (line 5 plus line 6) | 7 | |
| 8. Subtract: Oregon apportioned net loss from prior years (see page 4 for line 21 instructions) | 8 | |
| 9. Oregon taxable income (line 7 minus line 8) (carry to page 2, line 22) | 9 | |

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# SCHEDULE AF — SCHEDULE OF AFFILIATES

**Domestic insurers, inter-insurance, and reciprocal exchanges.** Use this schedule to list those affiliates doing business in Oregon that are included in the consolidated return. **(DO NOT INCLUDE** the name shown on the heading of this return.) Use a copy of this schedule to list additional affiliates, if necessary, and attach it directly behind this page.

| Oregon 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, please indicate date affiliate left group |
|---|---|---|---|
| BIN<br>FID | | | |
| BIN<br>FID | | | |
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Attach additional schedules if needed.