



Form 20-I (202)			OREGON CORPORATION INCOME TAX RETURN			2001					
			or Fiscal Year Mo / Day / Year ● Beginning: / / 01 ● Ending: / / Year			For office use only Date received ● Payment ● 1 2 3 ● ● ●					
Name			Federal employer ID number			If you filed a return in 2000, <input type="checkbox"/> Name change indicate if you had a: <input type="checkbox"/> Address change					
			Business identification number			● <input type="checkbox"/> An extension is attached ● <input type="checkbox"/> Form 37 is attached ● <input type="checkbox"/> This is an amended return ● <input type="checkbox"/> Form 8824 is attached					
Mailing address											
City		State	ZIP Code								
Contact person		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 does not actually constitute "doing business" (see instructions, page 3).

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.

Do not 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 2001.</p> <ul style="list-style-type: none"> • 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 _____ <p>• E. If (1), (2), or (3) is yes, see instructions.</p> <p>(1) Was a consolidated federal return filed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) Is this a consolidated Oregon return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Are corporations included in the consolidated federal return, but not in the Oregon return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. If you have more than 12 affiliates doing business in Oregon, check the box and see instructions. <input type="checkbox"/></p> <ul style="list-style-type: none"> • G. Are you a high-income taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please see instructions. 	<ul style="list-style-type: none"> • 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: <input type="checkbox"/> New business or <input type="checkbox"/> 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: <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, <input type="checkbox"/> Merged or reorganized. Enter name, federal employer identification number, and BIN of merged or reorganized corporation: _____ • L. If you didn't complete Schedule AP, enter gross receipts from federal Form 1120 or 1120A, line 1a: _____
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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, page 6)		
2. State, municipal, and other interest income not included in 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, page 7)		
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. 2001 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	▲
24. Overpayment. Is line 21 less than line 22? If so, line 22 minus line 21	24	▲
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	▲
30. Refund available (line 24 minus line 28)	30	▲
31. Amount of refund to be credited to 2002 estimated tax	31	▲
32. Net Refund (line 30 minus line 31)	32	▲

*If the amount on line 21 is \$500 or more, see the instructions for interest on underpayment of estimated tax, page 17.

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	➔	Signature of officer	Date	Signature of preparer other than taxpayer
	➔	Title		Address

<p>Mail refund returns and no tax due returns to: Refund, PO Box 14777, Salem OR 97309-0960</p>	<p>Mail tax-to-pay returns to: Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470</p>
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SCHEDULE AP — APPORTIONMENT OF INCOME (See instructions, pages 21 and 22)

Describe the nature and location(s) of your Oregon business activities _____

SCHEDULE AP-1 — APPORTIONMENT FORMULA

(Do not enter an amount of less than zero)

1. Property Factor

Value of real and tangible personal property used in the unitary business (owned, at average value; rented, at capitalized value):

	(A) Total Within Oregon	(B) Total Within and Without Oregon	(C) Percent Within Oregon (A ÷ B) × 100
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			%
			<i>(not less than zero)</i>
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			
			%
			<i>(not less than zero)</i>
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 22)

1. Net income from business both in Oregon and other states (from Form 20, line 13, or Form 20-I, line 15)	1	
2. Subtract: Net nonbusiness income included in line 1. Attach schedule	2	
3. Subtract: 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)	4	
5. Oregon apportionment percentage (from Schedule AP-1, line 6)	5	× %
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	8	
9. Total of lines 6, 7, and 8	9	
10. Minus: (a) Oregon apportioned net loss from prior years \$ _____, and	10	
(b) net capital loss from other years (see instructions for Form 20, line 14) \$ _____,		
from tax year _____.		
11. Oregon taxable income (line 9 minus line 10) (carry to Form 20, line 15, or Form 20-I, line 16)	11	

SCHEDULE AF — SCHEDULE OF AFFILIATES (See instructions, page 22)

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
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•
• <u> BIN </u> FID		•	•

Attach additional schedules if needed.