



Form  
**20**  
(200)

**OREGON  
CORPORATION  
EXCISE TAX  
RETURN**

**2001**

**For office use only**

Date received \_\_\_\_\_

Payment \_\_\_\_\_

1                      2                      3

or **Fiscal Year** Mo / Day / Year                      Mo / Day / Year  
 ● **Beginning:** / / 01                      ● **Ending:** / /

If you filed a return in 2000,  Name change  
 indicate if you had a:  Address change

Name			Federal employer ID number		
Mailing address			Business identification number		
City	State	ZIP Code	<input type="checkbox"/> An <b>extension</b> is attached <input type="checkbox"/> <b>Form 37</b> is attached <input type="checkbox"/> This is an <b>amended return</b> <input type="checkbox"/> Form 8824 is attached		
Contact person	Telephone number (      )				

**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.
  - (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.
- G. Are you a high-income taxpayer? .....  Yes  No  
Please see instructions.

- 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- K. If this is your **final** return, indicate whether:  Withdrawn,  Dissolved,  Merged or reorganized.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: \_\_\_\_\_
- L. If you didn't complete Schedule AP, enter gross receipts from federal Form 1120 or 1120A, line 1a: \_\_\_\_\_

**PLEASE ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN**

Attach payment here	1. Taxable income from U.S. corporation income tax return ..... 1	
	<b>ADDITIONS</b> (see instructions, page 6)	
	2. State, municipal, and other interest income excluded in arriving at 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. <b>Attach schedule and explanation</b> ..... 5	
	6. Total additions (add lines 2 through 5) ..... 6	
	7. Income after additions (line 1 plus line 6) ..... 7	
	<b>SUBTRACTIONS</b> (see instructions, page 7)	
	8. Work opportunity credit wages not deducted on federal Form 1120 or 1120-A ..... 8	
	9. Dividend deduction. <b>Attach schedule and explanation</b> ..... 9	
	10. Income of nonunitary corporations. <b>Attach schedule and explanation</b> ..... 10	
	11. Other subtractions. <b>Attach schedule and explanation</b> ..... 11	
	12. Total subtractions (add lines 8 through 11) ..... 12	
	13. Income before net loss deduction (line 7 minus line 12) ..... 13	
<b>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.</b>		
14. Net loss deduction and net capital loss deduction. <b>Attach schedule</b> (see instructions, page 8) ..... 14		
15. Oregon taxable income (line 13 minus line 14 or amount from Schedule AP-2, line 11) (carry forward to page 2, line 16) ..... 15		

16. Oregon taxable income (carried forward from page 1, line 15) .....	16	
17. Excise tax (6.6% of line 16) ( <b>minimum tax is \$10</b> ) .....	17	
18. Tax adjustment for interest on certain installment sales (see instructions, page 17) .....	18	
19. Total tax (line 17 plus line 18) .....	19	
<b>CREDITS</b> [see circular <i>Tax Credits for Corporations</i> (150-102-694) for information on credits]		
20. Pollution control facility credit (Form 150-102-029) .....	20	
21. Pollution prevention credit .....	21	
22. Lender's credit: Energy conservation—Loans after 12-31-81 (Form 150-102-125) ..	22	
23. Lender's credit: Affordable housing—Loans after 12-31-89 (Form 150-102-125) .....	23	
24. Lender's credit: Farmworker housing—Loans after 12-31-89 (Form 150-102-125) ..	24	
25. Business energy credit .....	25	
26. Farmworker housing project investment credit .....	26	
27. Dependent care credit (Form 150-102-032) .....	27	
28. Research credit (Form 150-102-128) .....	28	
29. Other credits. Identify: .....	29	
30. Total credits (add lines 20 through 29) .....	30	
31. Excise tax after credits (line 19 minus line 30) (not less than \$10) .....	31	
32. Tax adjustment for LIFO benefit recapture (see instructions, page 17) .....	32	< >
33. Net excise tax* (line 31 minus line 32) (but not less than \$10) .....	33	
34. 2001 estimated tax payments from Schedule ES. Include payments made with extension (see instructions) .....	34	
35. <b>Tax Due.</b> Is line 33 more than line 34? If so, line 33 minus line 34 .....	<b>Tax Due</b>	35
36. <b>Overpayment.</b> Is line 33 less than line 34? If so, line 34 minus line 33 .....	<b>Overpayment</b>	36
37. Penalty due with this return (see instructions, page 17) .....	37	
38. Interest due with this return (see instructions, page 17) .....	38	
39. Interest on underpayment of estimated tax (see instructions). <b>Attach Form 37</b> .....	39	
40. Total penalty and interest (add lines 37 through 39) .....	40	
41. <b>Total due</b> (line 35 plus line 40) (see instructions, page 18) .....	<b>Total Due</b>	41
42. <b>Refund</b> available (line 36 minus line 40) .....	<b>Refund</b>	42
43. Amount of refund to be credited to 2002 estimated tax .....	<b>2002 Credit</b>	43
44. <b>Net Refund</b> (line 42 minus line 43) .....	<b>Net Refund</b>	44

\*If the amount on line 33 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			Year	Amount Paid
	Month	Day			
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 34) .....					8
9. Last year's net excise 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.

<b>SIGN HERE</b>	➔	Signature of officer	Date	Signature of preparer other than taxpayer
	➔	Title		Address

<p><b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960</p>	<p><b>Mail tax-to-pay returns to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470</p>
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**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
• <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		•	•
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• <u>  BIN  </u> FID		•	•
• <u>  BIN  </u> FID		•	•

Attach additional schedules if needed.