

No payment is due with this return.

For calendar year 2000 or fiscal year ending \_\_\_\_\_

• Please type or print plainly and answer all the questions below.

				For Office Use Only	
Name of Partnership				Date Received	
Street Address				Federal Employer Identification Number	
City				Oregon Business Identification Number	
State		ZIP code		Date Activities Started in Oregon	

- Type of entity:  Partnership  Limited Liability Company  Electing Large Partnership  
 Limited Partnership  Limited Liability Partnership

**1. Requirement to file Oregon Partnership Return.**

- |                                                                           | YES                      | NO                       |
|---------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Does the partnership have income derived from sources in Oregon? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the partnership have Oregon resident partners? .....              | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **yes** to A **or** B, you must file an Oregon partnership return. Attach a complete copy of your federal return to **this** return. See question 2 to see if you need to include federal Schedule K-1s.

**2. Attaching copies of partners' federal Schedule K-1s.**

- |                                                                                                                                                                               |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Did the partnership have a net profit for the year (including capital gains and losses)? .....                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Were the partners and profit/loss sharing percentages the same throughout the year? .....                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were all amounts shown on federal Schedule K (including guaranteed payments) and Oregon modifications divided according to each partner's profit sharing percentage? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Did the partnership have more than 10 partners at any time during the year? .....                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

- If A, B, and C were **all answered yes**; **or**
- If you answered **yes** to D, **don't** attach copies of the federal Schedule K-1s to your return. Instead, attach a list showing each partner's name, Social Security or Federal Identification number, address, and profit/loss sharing percentage.

**3. Prior year return and final return.**

- |                                                                                                                                                         |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Was a 1999 Oregon partnership return filed? .....                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>no</b> , give the reason. If filed using a different name, give the name it was filed under.                                                      |                          |                          |
| _____                                                                                                                                                   |                          |                          |
| B. Is this the final return for the partnership? .....                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, <b>attach a schedule</b> showing disposition of all partnership assets and liabilities. Show each asset's adjusted basis and fair market value. |                          |                          |

**4. Changes to a prior year partnership return during this tax year.**

- |                                                                                |                          |                          |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Did an IRS audit change a prior year return during the 2000 tax year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Was an amended federal return filed for a prior year? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **yes** to A **or** B, what tax years were changed? \_\_\_\_\_. Send us a copy of the federal revenue agent's report or the amended return separately from this return if not previously sent.

**5. Business inside and outside of Oregon with out-of-state partners.**

- |                                                                                                         |                          |                          |
|---------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Does the partnership have business activity both inside and outside of Oregon during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the partnership have any partners who were not Oregon residents during the year? .....          | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to **both A and B**, use Schedule AP-1 from Oregon Form 20 or equivalent to figure your Oregon source income. Attach the schedule to this return. To order forms, see page 2 of the instructions.

**6. Oregon tax credits.**

- |                                                                                                         |                          |                          |
|---------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Are any partners eligible for Oregon tax credits based on costs the partnership paid or incurred? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, identify the tax credits. _____                                                                 |                          |                          |

**7. Other taxing authorities.**

YES NO

- A. Do partnership employees perform services in the Tri-Met Transportation District? .....  YES  NO
- B. Do any partners have self-employment income from the partnership in the Tri-Met Transportation District? .....  YES  NO
- C. Do partnership employees perform services in the Lane Transit District? .....  YES  NO
- D. Do any partners have self-employment income from the partnership in the Lane Transit District? .....  YES  NO

If the answer is **yes** to A, B, C, or D, you must file the appropriate return(s). See page 2 of the instructions.

**8. Who has the partnership books?**

Name		Telephone Number (      )	
Street Address	City	State	ZIP Code

**SCHEDULE I—Oregon modifications to Federal Partnership Income.** Attach schedules to explain and figure modifications.

**ADDITIONS—Items not included** in federal partnership income taxable to Oregon.

1. Interest on government bonds of other states .....	1		
2. Gain on property transactions not deferred for Oregon .....	2		
3. Depreciation, see instructions on page 2 for more information .....	3		
4. Recognition of previously deferred capital gain .....	4		
5. Depletion in excess of basis .....	5		
6. Gain or loss on sale of assets when Oregon basis is different .....	6		
7. Other additions. Identify .....	7		

**SUBTRACTIONS—Items included** in federal partnership income **not taxable** to Oregon.

8. U.S. Government Interest .....	8		
9. Gain on property transactions already taxed by Oregon .....	9		
10. Depreciation, see instructions on page 2 for more information .....	10		
11. Work opportunity credit .....	11		
12. Gain or loss on sale of assets when Oregon basis is different .....	12		
13. Other subtractions. Identify .....	13		

**Note:** Generally, a partner's share of each Oregon modification is figured by using the partner's profit/loss sharing percentage. A partner's share of each modification must be reported to the partner on Schedule K-1 or an equivalent form.

**ATTACH: A copy of your 2000 Federal Partnership Return.**

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

<b>SIGN HERE</b>	X	Your signature	Date	X	Signature of preparer other than taxpayer	License No.		
		Street Address			Street Address			
		City	State	ZIP Code		City	State	ZIP Code

Detach Instructions before mailing

**Tear off the instructions** and file the return on or before the 15th day of the fourth month after the close of the partnership's tax year.

**MAIL TO:**  
 Oregon Department of Revenue  
 PO Box 14260  
 Salem OR 97309-5060