

•2012 Form 20-I
Oregon Corporation
Income Tax Return



* 0 2 5 9 1 2 0 1 0 1 0 0 0 0 *

● Fiscal year beginning / /	● Fiscal year ending / /
--------------------------------	-----------------------------

● Name:	● FEIN:	For office use only <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px; display: flex; align-items: center;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;">Payment</div> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"></div> <div style="flex: 1; padding-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">1</div> <div style="width: 30%;">2</div> <div style="width: 30%;">3</div> </div>
● Address:	BIN:	
● City:		
● St: ● ZIP code:		
● <input type="checkbox"/> New name ● <input type="checkbox"/> New address ● Phone: ● <input type="checkbox"/> Extension ● <input type="checkbox"/> Form 37 ● <input type="checkbox"/> Amended ● <input type="checkbox"/> Form 24 ● <input type="checkbox"/> Federal Form 8886 ● <input type="checkbox"/> REIT/RIC		FOR FUTURE COMPUTER USE
Contact:		
Web:		

Use **Form 20-I** when the corporation derives Oregon source income, but the income-producing activity does not actually constitute "doing business."

Questions: Complete A through D only if this is your first return or the answer changed during 2012.

● A. Incorporated in (state);	● Incorporated on (date)	● B. State of commercial domicile	● C. Date business activity began in Oregon	● D. Business Activity Code
● E. (1) <input type="checkbox"/> Consolidated federal return; ● (2) <input type="checkbox"/> Consolidated Oregon return; ● (3) <input type="checkbox"/> Corporations included in consolidated federal return, but not in Oregon return				
● F. <input type="checkbox"/> Low-income taxpayer	● G. Enter name of parent corporation, if applicable		● Enter FEIN of parent corporation, if applicable	
● 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				
● J. If first return, indicate	Name of previous business	FEIN	BIN	
<input type="checkbox"/> New business, or				
<input type="checkbox"/> Successor to previous business				
● K. If final return, indicate	Name of merged or reorganized corporation	FEIN	BIN	
<input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or				
<input type="checkbox"/> Merged or reorganized				
L. Utility or telecommunications companies: see instructions.....		● L <input type="checkbox"/>		
M. If you did not complete Schedule AP, fill in the amount of your Oregon sales		● M <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		

Additions	1. Taxable income from U.S. corporation income tax return.....	● 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	2. State, municipal, and other interest income not included in line 1	● 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	3. Oregon excise tax and other state or foreign taxes on or measured by net income or profits....	● 3	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	4. Income of related FSC or DISC	● 4	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	5. Total other additions (from Schedule ASC-CORP, see instructions)....	● 5	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	6. Total additions (add lines 2 through 5)	● 6	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
	7. Income after additions (line 1 plus line 6).....	7	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>



* 0 2 5 9 1 2 0 1 0 2 0 0 0 0 *

Subtractions	8. Work opportunity credit wages not deducted on federal Form 1120..... ●	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 nonunitary corporations (attach schedule and explanation)..... ●	12	
	13. Total other subtractions (from Schedule ASC-CORP, see instructions). ●	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	17	
18. Tax adjustments (attach schedule)..... ●	18		
Credits	19. Total other credits (from Schedule ASC-CORP, see instructions) .. ●	19	
	20. Calculated tax after credits (total lines 17 and 18, then subtract line 19)..... ●	20	
	21. LIFO benefit recapture subtraction..... ●	21	
	22. Net income tax (line 20 minus line 21) (no minimum income tax)	22	
	23. 2012 estimated tax payments from Schedule ES line 8. Include payments made with extension..... ●	23	
	24. Withholding payments made on your behalf from pass-through entity or real estate income	24	
	25. Tax due. Is line 22 more than line 23 plus 24? If so, line 22 minus lines 23 and 24..... Tax due ●	25	
	26. Overpayment. Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22... Overpayment ●	26	
	27. Penalty due with this return	27	
	28. Interest due with this return	28	
	29. Interest on underpayment of estimated tax..... ●	29	
	30. Total penalty and interest (add lines 27 through 29)	30	
	31. Total due (line 25 plus line 30)	Total due	31
	32. Refund available (line 26 minus line 30)	Refund	32
	33. Amount of refund to be credited to 2013 estimated tax.....	2013 credit ●	33
	34. Net refund (line 32 minus line 33).....	Net refund	34

Schedule ES—Estimated Tax Payments or Other Prepayments

	Name of payer	Payer FEIN	Date of payment	Amount paid
1. 1st Quarter			/ /	1
2. 2nd Quarter			/ /	2
3. 3rd Quarter			/ /	3
4. 4th Quarter			/ /	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 and date paid.....			/ /	6
7. Claim of right credit (attach computation and explanation)				7
8. Total prepayments (carry to line 23 above)				8

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Sign Here	Signature of officer	Signature of preparer other than taxpayer	License number of preparer
	X	X	●
	Date	Date	Telephone number
			()
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

Please attach a complete copy of your federal Form 1120 and schedules

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

Mail tax-to-pay returns with payment and payment voucher to:
Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470



* 0 2 5 9 1 2 0 1 0 3 0 0 0 0 *

Schedule AF: Schedule of Affiliates for Form 20-I

A Schedule of Affiliates **must** be filed every year with each consolidated tax return. List **only** 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 corporation filing this tax return. You may copy this form if you have more than 10 affiliates to include on this list.

FEIN and BIN	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, indicate date affiliate left group
● FEIN #1 ● BIN #1	● Name Address	●	●
● FEIN #2 ● BIN #2	● Name Address	●	●
● FEIN #3 ● BIN #3	● Name Address	●	●
● FEIN #4 ● BIN #4	● Name Address	●	●
● FEIN #5 ● BIN #5	● Name Address	●	●
● FEIN #6 ● BIN #6	● Name Address	●	●
● FEIN #7 ● BIN #7	● Name Address	●	●
● FEIN #8 ● BIN #8	● Name Address	●	●
● FEIN #9 ● BIN #9	● Name Address	●	●
● FEIN #10 ● BIN #10	● Name Address	●	●

Attach additional schedules if needed