

**2012 Form 20**  
**Oregon Corporation**  
**Excise Tax Return**



\* 0 2 5 8 1 2 0 1 0 1 0 0 0 0 \*

|  |   |
|--|---|
| <input type="radio"/> Fiscal year beginning<br>/ / | <input type="radio"/> Fiscal year ending<br>/ / |
|--|---|

|   |                                     |  |   |   |   |                       |                       |                       |
|---|-------------------------------------|--|---|---|---|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> Name:<br><input type="radio"/> Address:<br><input type="radio"/> City:<br><input type="radio"/> St: <input type="radio"/> ZIP code:<br><input type="checkbox"/> New name<br><input type="checkbox"/> New address<br><input type="radio"/> Phone:<br><input type="checkbox"/> Extension<br><input type="checkbox"/> Form 37<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Form 24<br><input type="checkbox"/> FCG-20<br><input type="checkbox"/> Federal Form 8886<br><input type="checkbox"/> REIT/RIC<br><input type="checkbox"/> Accounting period change<br>Contact:<br>Web: | <input type="radio"/> FEIN:<br>BIN: | <b>For office use only</b><br><input type="radio"/><br>Payment<br><input type="radio"/><br><table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | 1 | 2 | 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1   | 2                                   | 3  |   |   |   |                       |                       |                       |
| <input type="radio"/>   | <input type="radio"/>               | <input type="radio"/>  |   |   |   |                       |                       |                       |
| <div style="border: 1px solid black; padding: 10px; min-height: 200px;"> <p style="text-align: center; font-weight: bold;">FOR COMPUTER USE ONLY</p> </div>   |                                     |  |   |   |   |                       |                       |                       |

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

|   |   |   |   |   |
|---|---|---|---|---|
| <input type="radio"/> A. Incorporated in (state);   | <input type="radio"/> Incorporated on (date)  | <input type="radio"/> B. State of commercial domicile | <input type="radio"/> C. Date business activity began in Oregon       | <input type="radio"/> D. Business Activity Code |
| <input type="radio"/> E. (1) <input type="checkbox"/> Consolidated federal return; <input type="radio"/> (2) <input type="checkbox"/> Consolidated Oregon return; <input type="radio"/> (3) <input type="checkbox"/> Corporations included in consolidated federal return, but not in Oregon return |   |   |   |   |
| <input type="radio"/> F. <input type="checkbox"/> Low-income taxpayer   | <input type="radio"/> G. Enter name of parent corporation, if applicable  |   | <input type="radio"/> Enter FEIN of parent corporation, if applicable |   |
| <input type="radio"/> H. Number of Oregon corporations  | <input type="radio"/> I. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire |   |   |   |
| <input type="radio"/> J. 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  |   |   |   |   |
| <input type="radio"/> K. If first return, indicate<br><input type="checkbox"/> New business, or<br><input type="checkbox"/> Successor to previous business  | Name of previous business   | FEIN  | BIN   |   |
| <input type="radio"/> L. If final return, indicate<br><input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or<br><input type="checkbox"/> Merged or reorganized  | Name of merged or reorganized corporation   | FEIN  | BIN   |   |
| M. Utility or telecommunications companies: see instructions..... <input type="radio"/> M <input type="checkbox"/>  |   |   |   |   |
| N. If you did not complete Schedule AP, fill in the amount of your Oregon sales ..... <input type="radio"/> N   |   |   |   |   |

|                     |   |                          |
|---------------------|---|--------------------------|
|                     | 1. Taxable income from U.S. corporation income tax return .....   | <input type="radio"/> 1  |
| <b>Additions</b>    | 2. State, municipal, and other interest income not included in line 1 .....                                 | <input type="radio"/> 2  |
|                     | 3. Oregon excise tax and other state or foreign taxes on or measured by net income or profits ....          | <input type="radio"/> 3  |
|                     | 4. Income of related FSC or DISC.....   | <input type="radio"/> 4  |
|                     | 5. Total other additions (from Schedule ASC-CORP, see instructions)....                                     | <input type="radio"/> 5  |
|                     | 6. Total additions (add lines 2 through 5).....   | <input type="radio"/> 6  |
|                     | 7. Income after additions (line 1 plus line 6) .....  | 7                        |
| <b>Subtractions</b> | 8. Work opportunity credit wages not deducted on federal Form 1120....                                      | <input type="radio"/> 8  |
|                     | 9. Dividend deduction (attach schedule and explanation) .....   | <input type="radio"/> 9  |
|                     | 10. Income of nonunitary corporations (attach schedule and explanation)....                                 | <input type="radio"/> 10 |
|                     | 11. Total other subtractions (from Schedule ASC-CORP, see instructions)....                                 | <input type="radio"/> 11 |
|                     | 12. Total subtractions (add lines 8 through 11) .....   | <input type="radio"/> 12 |
|                     | 13. Income before net loss deduction (line 7 minus line 12). <b>If income is derived from sources</b> ..... | <input type="radio"/> 13 |

**both in Oregon and other states, carry amount from line 13 to Schedule AP-2, line 1.**



\* 0 2 5 8 1 2 0 1 0 2 0 0 0 0 \*

Table with 2 columns: Description and Amount. Rows include: 14. Net loss deduction... 15. Oregon taxable income... 16. Excise tax... 17. Tax adjustments... 18. Total tax... Credits: 19. Pollution control facilities credit... 20. Renewable energy contribution credit... 21. Energy conservation project credit... 22. Energy transportation project credit... 23. Business energy credit... 24. Energy manufacturing facility credit... 25. Dependent care credits... 26. Qualified research activities credit... 27. Total other credits... 28. Total credits... Excise Tax: 29. Excise tax after credits... 30. LIFO benefit recapture subtraction... 31. Net excise tax... 32. 2012 estimated tax payments... 33. Withholding payments... 34. Tax due... 35. Overpayment... 36. Penalty due... 37. Interest due... 38. Interest on underpayment... 39. Total penalty and interest... 40. Total due... 41. Refund available... 42. Amount of refund... 43. Net refund

Schedule ES—Estimated Tax Payments or Other Prepayments

Table with 5 columns: Line number, Name of payer, Payer FEIN, Date of payment, Amount paid. Rows include: 1. 1st Quarter, 2. 2nd Quarter, 3. 3rd Quarter, 4. 4th Quarter, 5. Overpayment of last year's tax... 6. Payments made with extension... 7. Claim of right credit... 8. Total prepayments

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

Signature and information fields for officer and preparer. Includes fields for Signature of officer, Signature of preparer, License number of preparer, 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 8 1 2 0 1 0 3 0 0 0 0 \*

Schedule AF: Schedule of Affiliates for Form 20

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.

Table with 4 columns: FEIN and BIN, Name and Address, If new affiliate during this year, enter date affiliate became part of unitary group, and If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group. It contains 10 rows for affiliates #1 through #10.

Attach additional schedules if needed