

**•2014 Form 20-I**  
**Oregon Corporation**  
**Income Tax Return**



\* 0 2 5 9 1 4 0 1 0 1 0 0 0 0 \*

● Fiscal year beginning / /	● Fiscal year ending / /
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● Legal name:

● FEIN:

**For office use only**

DBA/ABN:

BIN:

● Address:

●

● City:

Payment

● St:      ● ZIP code:

1	2	3
●	●	●

● ☐ New name  
 ● ☐ New address

● ☐ Extension  
 ● ☐ Form 37  
 ● ☐ Amended  
 ● ☐ Form 24  
 ● ☐ Federal Form 8886  
 ● ☐ REIT/RIC

Contact name:

● Contact phone:

Web:

FOR FUTURE COMPUTER USE

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 2014.**

● 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 <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business	Name of previous business	FEIN	BIN	
● K. If final return, indicate <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or <input type="checkbox"/> Merged or reorganized	Name of merged or reorganized corporation	FEIN	BIN	
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				

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



\* 0 2 5 9 1 4 0 1 0 2 0 0 0 0 \*

<b>Subtractions</b>	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. Calculated income tax (see instructions)..... ●	17	
	18. Tax adjustments (attach schedule)..... ●	18	
	19. Tax before credits (line 17 plus line 18)..... ●	19	
<b>Credits</b>	20. Total other credits (from Schedule ASC-CORP, see instructions)..... ●	20	
	21. Income tax after credits (line 19 minus line 20)..... ●	21	
	22. LIFO benefit recapture subtraction (see instructions)..... ●	22	
<b>Income Tax</b>	23. Net income tax (line 21 minus line 22, see instructions) <b>(no minimum income tax)</b> ..... ●	23	
	24. 2014 estimated tax payments from Schedule ES line 8. Include payments made with extension..... ●	24	
	25. Withholding payments made on your behalf from pass-through entity or real estate income..... ●	25	
	26. <b>Tax due.</b> Is line 23 more than line 24 plus 25? If so, line 23 minus lines 24 and 25..... <b>Tax due</b> ●	26	
	27. <b>Overpayment.</b> Is line 23 less than line 24 plus line 25? If so, line 24 plus line 25, minus line 23... <b>Overpayment</b> ●	27	
	28. Penalty due with this return .....	28	
	29. Interest due with this return .....	29	
	30. Interest on underpayment of estimated tax (attach Form 37)..... ●	30	
	31. Total penalty and interest (add lines 28 through 30) .....	31	
	32. <b>Total due</b> (line 26 plus line 31)..... <b>Total due</b>	32	
	33. <b>Refund</b> available (line 27 minus line 31)..... <b>Refund</b>	33	
	34. Amount of refund to be credited to estimated tax..... ●	34	
	35. <b>Net refund</b> (line 33 minus line 34)..... <b>Net refund</b>	35	

**Schedule ES—Estimated Tax Payments or Other Prepayments**

	Name of payer	Payer FEIN	Date of payment	Amount paid
1. Qtr 1	●		/ /	●1
2. Qtr 2	●		/ /	●2
3. Qtr 3	●		/ /	●3
4. Qtr 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 and date paid .....			/ /	6
7. Claim of right credit (attach computation and explanation).....				7
8. Total prepayments (carry to line 24 above).....				8

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

<b>Sign Here</b>	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			
	Address of preparer				
	City			State	Zip code

**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 4 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 the unitary group	If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group
● FEIN #1	● Name	●	●
● BIN #1	Address		
● FEIN #2	● Name	●	●
● BIN #2	Address		
● FEIN #3	● Name	●	●
● BIN #3	Address		
● FEIN #4	● Name	●	●
● BIN #4	Address		
● FEIN #5	● Name	●	●
● BIN #5	Address		
● FEIN #6	● Name	●	●
● BIN #6	Address		
● FEIN #7	● Name	●	●
● BIN #7	Address		
● FEIN #8	● Name	●	●
● BIN #8	Address		
● FEIN #9	● Name	●	●
● BIN #9	Address		
● FEIN #10	● Name	●	●
● BIN #10	Address		

Attach additional schedules if needed