

2015 Form 20-I
Oregon Corporation
Income Tax Return



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

<input type="radio"/> Fiscal year beginning / /	<input type="radio"/> Fiscal year ending / /
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<input type="radio"/> Legal name: <input type="radio"/> DBA/ABN: <input type="radio"/> Current address: <input type="radio"/> City: <input type="radio"/> St: <input type="radio"/> ZIP code: <input type="checkbox"/> New name <input type="checkbox"/> New address <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 Contact name: <input type="radio"/> Contact phone: Web:	<input type="radio"/> FEIN:	<table border="1"> <tr> <th colspan="3">For office use only</th> </tr> <tr> <td colspan="3"> <input type="radio"/> </td> </tr> <tr> <td colspan="3">Payment</td> </tr> <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>	For office use only			<input type="radio"/>			Payment			1	2	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: auto;"> FOR FUTURE COMPUTER USE </div>																	

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 this tax year.

<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"/> Protective Claim	<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. 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"/> 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				
<input type="radio"/> J. If first return, indicate	Name of previous business	FEIN		
<input type="checkbox"/> New business, or				
<input type="checkbox"/> Successor to previous business				
<input type="radio"/> K. If final return, indicate	Name of merged or reorganized corporation	FEIN		
<input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or				
<input type="checkbox"/> Merged or reorganized				
L. Utility or telecommunications companies (see instructions).....				<input type="radio"/> L <input type="checkbox"/>
M. If you did not complete Schedule AP, fill in the amount of your Oregon sales				<input type="radio"/> M <input type="text"/>

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



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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 (include schedule and explanation) ● 11	
	12. Income of nonunitary corporations (include 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 (include schedule)..... ● 18	
	19. Tax before credits (line 17 plus line 18)..... ● 19	
	Credits	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		
Income Tax	23. Net income tax (line 21 minus line 22, see instructions) (no minimum income tax)..... ● 23	
	24. 2015 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. Tax due. Is line 23 more than line 24 plus 25? If so, line 23 minus lines 24 and 25..... Tax due ● 26	
	27. Overpayment. Is line 23 less than line 24 plus line 25? If so, line 24 plus line 25, minus line 23... Overpayment ● 27	
	28. Penalty due with this return 28	
	29. Interest due with this return 29	
	30. Interest on underpayment of estimated tax (include Form 37) ● 30	
	31. Total penalty and interest (add lines 28 through 30) 31	
	32. Total due (line 26 plus line 31)..... Total due 32	
	33. Refund available (line 27 minus line 31) Refund ● 33	
	34. Amount of refund to be credited to estimated tax..... ● 34	
	35. Net refund (line 33 minus line 34)..... Net refund 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 another year's tax applied 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 (include 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.

Sign Here	Signature of officer X	Signature of preparer other than taxpayer X	License number of preparer ●	
	Date / /	Date / /	Phone number	
	Print name of officer	Print name of preparer		
	Title of officer	Address of preparer		
		City	State	Zip code

Include 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



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Schedule AF: Schedule of Affiliates for Form 20-1

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, Name and Address, If new affiliate during this year, enter date affiliate became part of the unitary group, and If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group. Rows are numbered FEIN #1 through FEIN #10.

Include additional schedules if needed