

Severance Pay Subtraction



Note: Only available for tax years beginning on or after January 1, 2010 and before January 1, 2014.

Tax year					

First name and initial		Last nam	ne				Soc	cial Security number (SSN)
Street address								
Dity					State		ZIP code	
Phone	Email address							
PART A—Severance pay received information								
Amount of severance pay received	Date recei	ved				Dat	e of termina	ation
lame of employer					Phone			
imployer's street address								
Dity			Sta	ite			ZIP code	
ype of business		Number of	employees	Pos	ition/title at te	rmination	1	
PART B—Small business investment information		<u> </u>		<u> </u>				
lame of business			Business	denti	fication numbe	er (BIN) o	r federal en	nployer identification number (FI
treet address								
Dity			State		ZIP code	9		
Type of business		Year busine	ess started					Phone
ype of entity Sole proprietorship □ Partnership □ LLP □ L	ıc □l	Р ∏Ссс	orporation		S corporation	. Пс	Other	
Principal activity code			poration			k if busin		
								operated Operated for pro
our position/title					Number of ho	ours you	worked in t	his business during the tax year
Describe your role/duties								
How has your severance pay investment impacted the small b	ousiness?							
How was/is your investment intended to be used? (Buy equip	ment, expa	nsion, new h	ires, etc.)					



Two years

following investment

One year

following investment

Small business sales and employee information

Previous year

	i revious year	(actual or estimated)	(estimated)	(estimated)
Number of employees				
Yearly gross sales (in dollars)	\$	\$	\$	\$
PART C-Se	verance pay subtraction calculat	ion worksheet		
1. Enter th	e amount of severance pay	actually invested in a qualifyi	ng small business1	\$ 00
2. Enter \$	500,000		2	\$500,000 00
3. Enter th	ne lesser of line 1 or 2		3	\$ 00
4. Multiply	by Oregon sales factor, if a	pplicable	4	%
5. Subtrac	tion amount (line 3 times lin	e 4 or enter line 3 if no sales	s factor)5	\$ 00
Enter the subtraction amount from line 5 on the "other subtractions" line on your Oregon tax return or Schedule OR-ASC. Use subtraction code 349.				
	and understand the require		outline in this form. The i	information provided is correct
Signed Taxpayer's sig	nature			Date

Year of investment

Keep a copy of this form for your records. Include this form with your return in the year for which you are claiming the subtraction. If filing electronically, fax this notice to 503-345-2354, labeled "Attn: Suspense," or mail it to:

Oregon Department of Revenue Attn: Suspense PO Box 14999 Salem OR 97309-0990

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Instructions for Form SPS

Oregon Severance Pay Subtraction

You may subtract severance pay when invested in certain small businesses. You must claim the subtraction in the same year you receive the severance pay.

General qualifications required to claim the severance pay subtraction

Your severance pay investment:

- Cannot be invested in the same business that paid your severance pay.
- Must occur before the due date of your tax return (including extensions).
- Cannot be a loan to a qualifying small business. (You must receive an ownership interest.)
- Must stay invested in the business for 24 consecutive months. (If you withdraw any portion during the 24-month period, you must amend your tax return to correct the subtraction amount.)

The business you are investing in must:

- Not have more than 50 employees, including yourself.
- Operate for profit (cannot be a nonprofit business).
- Be independently owned and operated from all other businesses.

You must materially participate in the business (this means you are regularly, continuously, and substantially involved in the operation of the business).

You are considered to be materially participating if you:

- Worked more than 500 hours per year in the business;
- Worked more than 100 hours per year in the business and at least as much as any other employee or owner; or
- Have performed substantially all of the work in the business.

Note: If you are using either the 500 or 100-hour qualification, you must keep a log of your time spent working in the business.

Part A: Severance pay information

Severance pay is compensation (other than wages, vacation, or sick pay) paid to you upon termination of your employment.

Part B: Small business information

The law requires us to collect information about the business you have invested in. You must provide the following business information in order to receive a subtraction:

- Name, address, and phone number.
- Oregon BIN or FEIN.
- Year the business started.
- Information about number of employees and gross sales
- Type of entity (partnership, sole proprietorship, C or S Corporation, LLC, etc.).

- Business activity code as listed on one of the following federal forms:
 - —Form 1065, line A;
 - —Schedule C, Form 1040, box B;
 - —Schedule K, line 2a; or
 - —Form 1120S, box B.
- Description of how your investment impacts the small business, (for example: buying hardware, new hires, marketing, expansion, etc.).

Part C: Severance pay subtraction calculation worksheet

The subtraction is the lesser of your investment or \$500,000. If the business has operations outside of Oregon, you must multiply line 4 by your sales factor.

Keeping records

You must keep current and complete records of your time spent working in the business to show you meet the minimum material participation requirements. You must also keep a monthly log of the amount of severance pay you invested in the business for 24 months beginning with the date of your termination.

Filing instructions

Include this form with your tax return for the year in which you are claiming the subtraction. If you are filing electronically, fax a copy of this form to 503-345-2354, labeled "Attn: Suspense," or mail it to:

Oregon Department of Revenue

Attn: Suspense PO Box 14999

Salem OR 97309-0990

Have questions? Need help?

General tax information	www.oregon.gov/dor
Salem	503-378-4988
Toll-free from an Oregon prefix	1-800-356-4222

Asistencia en español:

En Salem o fuera de Oregon	503-378-4988
Gratis de prefijo de Oregon	1-800-356-4222

TTY (hearing or speech impaired; machine only):

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Salen	n area o	or out	side Oregon	503-945-8617
Toll-f	ree fro	m an (Oregon prefix.	1-800-886-7204

Americans with Disabilities Act (ADA): Call one of the help numbers above for information in alternative formats.