

Page 2 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Only complete questions A through C if this is your first return, or the answer changed during this tax year.

A. Incorporated in (state)

Two digit input box for state

Incorporated on (date) (MM/DD/YYYY)

Month/day/year input boxes

B. State of commercial domicile

Two digit input box for state

C. Date business activity began in Oregon (MM/DD/YYYY)

Month/day/year input boxes

D. NAICS code

Five digit input box for NAICS code

- E. (1) Consolidated federal return (2) Consolidated Oregon return (3) Corporations included in consolidated federal return, but not in Oregon return

F. Parent corporation name, if applicable

Long horizontal input box for parent corporation name

Parent corporation FEIN, if applicable

FEIN input box with hyphen

G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

Large empty box for federal waivers

H. 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

Large empty box for IRS audit/amended return

I. If first return, indicate: New business Successor to previous business

Previous business name

Long horizontal input box for previous business name

FEIN

FEIN input box with hyphen

J. If final return, indicate: Withdrawn Dissolved Merged or reorganized

Merged or reorganized corporation name

Long horizontal input box for merged/reorganized name

FEIN

FEIN input box with hyphen

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Page 3 of 6 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

K. Utility or telecommunications companies (see instructions)

L. Limited partner income only. (include a copy of federal Schedule K-1, if applicable)

M. Fill in the amount of your total Oregon sales.....M. [][] , [][][] , [][][] , [][][] . 0 0

1. Taxable income from U.S. corporation income tax return (see instructions)..... 1. [][] , [][][] , [][][] , [][][] . 0 0

2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions).....2. [][] , [][][] , [][][] , [][][] . 0 0

3. Income after additions (line 1 plus line 2)3. [][] , [][][] , [][][] , [][][] . 0 0

4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions).....4. [][] , [][][] , [][][] , [][][] . 0 0

5. Net income before apportionment (line 3 minus line 4). Carry amount on line 5 to Schedule OR-AP, part 2, line 1.....5. [][] , [][][] , [][][] , [][][] . 0 0

6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23.....6. [][][] • [][][][] %

7. Oregon taxable income from Schedule OR-AP, part 2, line 12.....7. [][] , [][][] , [][][] , [][][] . 0 0

Tax 8. Calculated income tax (see instructions).....8. [][] , [][][] , [][][] , [][][] . 0 0

9. Tax adjustments (include schedule).....9. [][] , [][][] , [][][] , [][][] . 0 0

10. Tax before credits (line 8 plus line 9)..... 10. [][] , [][][] , [][][] , [][][] . 0 0

Credits 11. Total standard credits from Schedule OR-ASC-CORP, Section C (see instructions)..... 11. [][] , [][][] , [][][] , [][][] . 0 0

12. Tax after standard credits (line 10 minus line 11)..... 12. [][] , [][][] , [][][] , [][][] . 0 0

13. Total carryforward credits from Schedule OR-ASC-CORP, Section D 13. [][] , [][][] , [][][] , [][][] . 0 0

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Schedule ES—Estimated tax payments, other prepayments, and refundable credits

1. Quarter 1

Payer name

[Grid for Payer name]

Payer FEIN

[Grid for Payer FEIN]

Date paid

[Grid for Date paid]

1. Amount paid.....1. [Grid] , [Grid] , [Grid] , [Grid] . 0 0

2. Quarter 2

Payer name

[Grid for Payer name]

Payer FEIN

[Grid for Payer FEIN]

Date paid

[Grid for Date paid]

2. Amount paid.....2. [Grid] , [Grid] , [Grid] , [Grid] . 0 0

3. Quarter 3

Payer name

[Grid for Payer name]

Payer FEIN

[Grid for Payer FEIN]

Date paid

[Grid for Date paid]

3. Amount paid.....3. [Grid] , [Grid] , [Grid] , [Grid] . 0 0

4. Quarter 4

Payer name

[Grid for Payer name]

Payer FEIN

[Grid for Payer FEIN]

Date paid

[Grid for Date paid]

4. Amount paid.....4. [Grid] , [Grid] , [Grid] , [Grid] . 0 0

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