

2009 Form 20
Oregon Corporation
Excise Tax Return



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<input type="radio"/> Fiscal year beginning / /	<input type="radio"/> Fiscal year ending / /
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<input type="radio"/> Name: <input type="radio"/> 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="radio"/> Phone: <input type="checkbox"/> Extension <input type="checkbox"/> Form 37 <input type="checkbox"/> Amended <input type="checkbox"/> Form 24 <input type="checkbox"/> FCG-20 <input type="checkbox"/> Federal Form 8886 <input type="checkbox"/> REIT/RIC <input type="checkbox"/> Accounting period change Contact: Web:	<input type="radio"/> FEIN: <input type="radio"/> BIN:	<table border="1"> <tr><th colspan="3">For office use only</th></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3">Payment</td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	For office use only						Payment						1	2	3			
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Questions: Complete A through D only if this is your first return or the answer changed during 2009.

<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="checkbox"/> E. (1) Consolidated federal return; <input type="checkbox"/> (2) Consolidated Oregon return; <input type="checkbox"/> (3) Corporations included in consolidated federal return, but not in Oregon return				
<input type="checkbox"/> F. 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	Name of previous business	FEIN	BIN	
<input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business				
<input type="radio"/> L. If final return, indicate	Name of merged or reorganized corporation	FEIN	BIN	
<input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or <input type="checkbox"/> Merged or reorganized				
<input type="radio"/> M. Utility, telecommunications, or timber companies: see instructions..... <input type="checkbox"/> M				
<input type="radio"/> N. If you did not complete Schedule AP, fill in the amount of your Oregon sales <input type="checkbox"/> N				

Additions	1. Taxable income from U.S. corporation income tax return..... ● 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. Other additions (attach schedule and explanation)..... ● 5	
	6. Total additions (add lines 2 through 5)..... ● 6	
	7. Income after additions (line 1 plus line 6) 7	
Subtractions	8. Work opportunity credit wages not deducted on federal Form 1120... ● 8	
	9. Dividend deduction (attach schedule and explanation) ● 9	
	10. Income of non-unitary corporations (attach schedule and explanation) ● 10	
	11. Other subtractions (attach schedule and explanation) ● 11	
	12. Total subtractions (add lines 8 through 11)..... ● 12	
	13. Income before net loss deduction (line 7 minus line 12). If income is derived from sources 13	

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



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	14. Net loss deduction and net capital loss deduction if not apportioned (attach schedule)..... ● 14	
	15. Oregon taxable income (line 13 minus line 14 or amount from Schedule AP-2, line 11) ● 15	
	16. Excise tax (not less than minimum tax).....16	
	17. Tax adjustments (attach schedule)..... ● 17	
	18. Total tax (line 16 plus line 17) ● 18	
Credits	19. Pollution control facilities credit..... ● 19	
	20. Lender's credit: energy conservation loans (form 150-102-125) .. ● 20	
	21. Lender's credit: affordable housing loans (form 150-102-125)..... ● 21	
	22. Lender's credit: farmworker housing loans (form 150-102-125)... ● 22	
	23. Business energy credit..... ● 23	
	24. Farmworker housing project investment credit (form 150-101-163)... ● 24	
	25. Dependent care credits (form 150-102-032)..... ● 25	
	26. Qualified research activities credit (form 150-102-128)..... ● 26	
	27. Other credits (attach schedule and explanation) ● 27	
	28. Total credits (add lines 19 through 27) ● 28	
Excise Tax	29. Excise tax after credits (line 18 minus line 28) (not less than minimum tax)..... 29	
	30. LIFO benefit recapture subtraction ● 30	
	31. Net excise tax (line 29 minus line 30) (not less than the minimum tax) ● 31	
	32. 2009 estimated tax payments from Schedule ES below. Include payments made with extension..... ● 32	
	33. Withholding payments made on your behalf from pass-through entity or real estate income..... ● 33	
	34. Tax due. Is line 31 more than line 32 plus line 33? If so, line 31 minus lines 32 and 33..... Tax due ● 34	
	35. Overpayment. Is line 31 less than line 32 plus line 33? If so, line 32 plus line 33, minus line 31... Overpayment ● 35	
	36. Penalty due with this return36	
	37. Interest due with this return37	
	38. Interest on underpayment of estimated tax (attach Form 37)..... ● 38	
	39. Total penalty and interest (add lines 36, 37, and 38) 39	
	40. Total due (line 34 plus line 39) Total due 40	
	41. Refund available (line 35 minus line 39) Refund 41	
	42. Amount of refund to be credited to 2010 estimated tax..... 2010 Credit ● 42	
	43. Net refund (line 41 minus line 42)..... Net refund 43	

Schedule ES—Estimated Tax Payments or Other Prepayments

	Name of payer	Payer FEIN	Date of payment	Amount paid
1. Voucher 1			/ /	1
2. Voucher 2			/ /	2
3. Voucher 3			/ /	3
4. Voucher 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 32 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	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



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Schedule AF: Schedule of Affiliates for Form 20

A Schedule of Affiliates **must** be filed every year with each consolidated tax return. List 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 unitary group	If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●
● FEIN _____ ● BIN _____	● Name _____ Address _____	●	●

Attach additional schedules if needed