

2016 Form OR-20-INS



Office use only	

Oregon Insurance Excise Tax Return

Submit original form—do not submit photocopy

- Fiscal year beginning
- Fiscal year ending

See instructions for checkboxes.

- New name ● New address
- Extension ● Form OR-37
- Amended ● Federal Form 5471
- Alternative apportionment

● Legal name	● FEIN		
● DBA/ABN	● Attn. or c/o		
● Current address	● City	● St	● ZIP code
● Contact name	● Contact phone		
● Web	() —		

Complete questions A through D only if this is your first return or the answer changed during this tax year.

● A. Incorporated in (state)	● Incorporated on (date)	● B. State of commercial domicile	● C. Date business activity began in Oregon	● D. Business activity code
E. ● <input type="checkbox"/> (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"/> Protective claim				
● G. Enter name of parent corporation, if applicable		● Enter FEIN of parent corporation, if applicable		● H. Number of Oregon corporations
● I. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire				
● 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				
● K. If first return, indicate <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business		● L. If final return, indicate <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or <input type="checkbox"/> Merged or reorganized		
Name of previous business		Name of merged or reorganized corporation		
FEIN		FEIN		

● M. If you didn't complete Schedule OR-AP, fill in the amount of your Oregon sales..... ● M. .00

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Income Net income from the annual statement to the insurance commissioner:

1. Life, accident, and health companies (from page 4, line 35 of annual statement).....	1.	<input type="text" value=".00"/>	.00
2. Less: Income, expenses, and other items attributable to separate accounts from 'Summary of Operations,' page 4, lines 5 & 8.1 of the annual statement for life companies.....	2.	<input type="text" value=".00"/>	.00
3. Subtotal (line 1 minus line 2).....	3.	<input type="text" value=".00"/>	.00
4. Fire, property, and casualty companies (from page 4, line 20 of annual statement).....	4.	<input type="text" value=".00"/>	.00
5. Less: Underwriting profit derived from wet marine and transportation insurance.....	5.	<input type="text" value=".00"/>	.00
6. Subtotal (line 4 minus line 5).....	6.	<input type="text" value=".00"/>	.00
7. Total (line 3 plus line 6).....	7.	<input type="text" value=".00"/>	.00
8. Total additions (from Schedule OR-ASC-CORP; see instructions).....	8.	<input type="text" value=".00"/>	.00
9. Income after additions (line 7 plus line 8).....	9.	<input type="text" value=".00"/>	.00
10. Total subtractions (from Schedule OR-ASC-CORP; see instructions).....	10.	<input type="text" value=".00"/>	.00
11. Income before net loss deduction (line 9 minus line 10).....	11.	<input type="text" value=".00"/>	.00

If income is derived from sources both in Oregon and other states, carry amount on line 11 to Schedule OR-AP-2, line 1. Complete both Schedules OR-AP-1 and OR-AP-2.

12. Net loss deduction (include schedule).....	12.	<input type="text" value=".00"/>	.00
13. Enter the apportionment percentage from Schedule OR-AP, line 22. Enter 100.0000 if you do not apportion income.....	13.	<input type="text" value="100.0000"/>	%

You must include Schedule OR-AP to apportion income.

Tax	14. Oregon taxable income (line 11 minus line 12, or amount from Schedule AP-2, line 11)....	14.	<input type="text" value=".00"/>	.00
	15. Calculated excise tax (see instructions).....	15.	<input type="text" value=".00"/>	.00
	16. Minimum tax (based on Oregon sales, see instructions).....	16.	<input type="text" value=".00"/>	.00
	17. Tax (greater of line 15 or line 16).....	17.	<input type="text" value=".00"/>	.00
	18. Tax adjustment for installment sales interest (include schedule).....	18.	<input type="text" value=".00"/>	.00
	19. Tax before credits (line 17 plus line 18).....	19.	<input type="text" value=".00"/>	.00

Credits (see instructions)	20. Total Standard credits (from Schedule OR-ASC-CORP).....	20.	<input type="text" value=".00"/>	.00
	21. Total Carryforward credits (from Schedule OR-ASC-CORP).....	21.	<input type="text" value=".00"/>	.00
	22. Fire insurance gross premiums tax credit.....	22.	<input type="text" value=".00"/>	.00
	23. OLHIGA (Oregon Life and Health Insurance Guaranty Association).....	23.	<input type="text" value=".00"/>	.00
	24. Total credits/offsets (add lines 20 through 23).....	24.	<input type="text" value=".00"/>	.00

Excise tax	25. Net excise tax (line 19 minus line 24, not below minimum tax; see instructions).....	25.	<input type="text" value=".00"/>	.00
	26. 2016 estimated tax payments from Schedule ES, line 8. Include payments made with your extension.....	26.	<input type="text" value=".00"/>	.00
	27. Withholding payments made on your behalf from pass-through entity or real estate income.....	27.	<input type="text" value=".00"/>	.00
	28. Tax due. Is line 25 more than line 26 plus line 27? If so, line 25 minus lines 26 and 27..... Tax due	28.	<input type="text" value=".00"/>	.00
	29. Overpayment. Is line 25 less than line 26 plus line 27? If so, line 26 plus line 27, minus line 25..... Overpayment	29.	<input type="text" value=".00"/>	.00
	30. Penalty due with this return.....	30.	<input type="text" value=".00"/>	.00
	31. Interest due with this return.....	31.	<input type="text" value=".00"/>	.00
	32. Interest on underpayment of estimated tax (include Form OR-37).....	32.	<input type="text" value=".00"/>	.00
	33. Total penalty and interest (add lines 30 through 32).....	33.	<input type="text" value=".00"/>	.00
	34. Total due (line 28 plus line 33)..... Total due	34.	<input type="text" value=".00"/>	.00
	35. Refund available (line 29 minus line 33)..... Refund	35.	<input type="text" value=".00"/>	.00
	36. Amount of refund to be credited to estimated tax.....	36.	<input type="text" value=".00"/>	.00
	37. Net refund (line 35 minus line 36)..... Net refund	37.	<input type="text" value=".00"/>	.00

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Schedule ES—Estimated Tax Payments or Other Prepayments

1. Quarter 1	Name of payer			Amount paid..... ● 1. <input type="text" value=".00"/>
	● Payer's FEIN	Date paid		
2. Quarter 2	Name of payer			Amount paid..... ● 2. <input type="text" value=".00"/>
	● Payer's FEIN	Date paid		
3. Quarter 3	Name of payer			Amount paid..... ● 3. <input type="text" value=".00"/>
	● Payer's FEIN	Date paid		
4. Quarter 4	Name of payer			Amount paid..... ● 4. <input type="text" value=".00"/>
	● Payer's FEIN	Date paid		
5.	Overpayment of another year's tax applied as a credit against this year's tax..... ● 5.			<input type="text" value=".00"/>
6.	Payments made with extension or other prepayments for this tax year and date paid ____/____/____ ● 6.			<input type="text" value=".00"/>
7.	Claim of right credit (include computation and explanation)..... ● 7.			<input type="text" value=".00"/>
8.	Total prepayments (carry to line 26 on previous page)..... ● 8.			<input type="text" value=".00"/>

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

Sign Here	Signature of officer	Signature of preparer other than taxpayer	License number of preparer
	X	X	●
	Date	Date	Phone number
	/ /	/ /	() -
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

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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Include Oregon schedules and file with the Oregon Department of Revenue.