

2008 Form 20-I
Oregon Corporation
Income 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"/> 8886/REIT/RIC Contact: Web:	<input type="radio"/> FEIN: BIN:	For office use only <input type="checkbox"/> Payment <input type="checkbox"/> <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
FOR FUTURE COMPUTER USE								

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 2008.

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 Withdrawn, 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

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	



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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 (attach schedule and explanation)..... ●	11	
	12. Income of non-unitary corporations (attach schedule and explanation) ... ●	12	
	13. Other subtractions (attach schedule and explanation)..... ●	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. Income tax (6.6 percent of line 16).....	17	
	18. Tax adjustments (attach schedule)..... ●	18	
	19. Total credits (attach schedule and explanation)..... ●	19	
	20. Total tax (line 17 plus line 18, minus line 19)..... ●	20	
	21. LIFO benefit recapture subtraction..... ●	21	
	22. Net income tax (line 20 minus line 21)..... ●	22	
	23. 2008 estimated tax payments from Schedule ES below. Include payments made with extension..... ●	23	
	24. Withholding payments made on your behalf from pass-through entity or real estate income..... ●	24	
	25. Tax due. Is line 22 more than line 23 plus 24? If so, line 22 minus lines 23 and 24..... Tax due ●	25	
	26. Overpayment. Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22... Overpayment ●	26	
	27. Penalty due with this return.....	27	
	28. Interest due with this return.....	28	
	29. Interest on underpayment of estimated tax..... ●	29	
	30. Total penalty and interest (add lines 27 through 29).....	30	
	31. Total due (line 25 plus line 30)..... Total due	31	
	32. Refund available (line 26 minus line 30)..... Refund	32	
	33. Amount of refund to be credited to 2009 estimated tax..... 2009 credit ●	33	
	34. Net refund (line 32 minus line 33)..... Net refund	34	

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 tax credit (attach computation and explanation).....				7
8. Total prepayments (carry to line 23 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	Signature of preparer other than taxpayer	License number of preparer
	X	X	●
	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-I

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.

Table with 4 columns: FEIN and BIN, Name and Address, If new affiliate during this year, enter date affiliate became part of unitary group, and If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group. The table contains 12 rows for data entry.

Attach additional schedules if needed