

2017 Form OR-20-INS



Office use only	

Oregon Insurance Excise Tax Return

Submit original form—do not submit photocopy

- Short year beginning
- Short 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	• State	• 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. (1) Consolidated federal return. • (2) Consolidated Oregon return. • (3) Corporations included in consolidated federal return, but not in Oregon return.

• F. Enter name of parent corporation, if applicable	• Enter FEIN of parent corporation, if applicable	• G. Number of Oregon corporations
	-	

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

• 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

<p>• J. If first return, indicate: <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business</p> <p>Name of previous business</p> <p>FEIN</p>	<p>• K. If final return, indicate: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized</p> <p>Name of merged or reorganized corporation</p> <p>FEIN</p>

L. Fill in the amount of your total Oregon sales L. .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 the annual statement)..... ● 1.
 - 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.
 - 3. Subtotal (line 1 minus line 2)..... ● 3.
 - 4. Fire, property, and casualty companies (from page 4, line 20 of the annual statement)..... ● 4.
 - 5. Less: Underwriting profit derived from wet marine and transportation insurance..... ● 5.
 - 6. Subtotal (line 4 minus line 5)..... ● 6.
 - 7. Total (line 3 plus line 6)..... ● 7.
 - 8. Total additions from Schedule OR-ASC-CORP, Section A (see instructions)..... ● 8.
 - 9. Income after additions (line 7 plus line 8)..... ● 9.
 - 10. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)..... ● 10.
 - 11. Income before net loss deduction (line 9 minus line 10)..... ● 11.
- If income is derived from sources both in Oregon and other states, carry amount on line 11 to Schedule OR-AP, part 2, line 1. Complete both parts of Schedule OR-AP.**
- 12. Net loss deduction (include schedule, enter as a positive number)..... ● 12.
 - 13. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22. Enter 100.0000 if you don't apportion income ● 13. %
- You must include Schedule OR-AP to apportion income.**
- 14. Oregon taxable income (line 11 minus line 12, or amount Schedule OR-AP, part 2, line 11) ● 14.

Tax

- 15. Calculated excise tax (see instructions)..... ● 15.
- 16. Minimum tax (based on Oregon sales, see instructions)..... ● 16.
- 17. Tax (greater of line 15 or line 16)..... ● 17.
- 18. Tax adjustment for installment sales interest (include schedule)..... ● 18.
- 19. Tax before credits (line 17 plus line 18)..... ● 19.

Credits

- 20. Total standard credits from Schedule OR-ASC-CORP, Section C..... ● 20.
- 21. Tax after standard credits (line 19 minus line 20, not less than minimum tax) ● 21.
- 22. Total carryforward credits from Schedule OR-ASC-CORP, Section D..... ● 22.
- 23. Fire insurance gross premiums tax credit..... ● 23.
- 24. OLHIGA (Oregon Life and Health Insurance Guaranty Association)..... ● 24.
- 25. Total carryforward credits/offsets (add lines 22 through 24)..... ● 25.

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Excise tax	26. Net excise tax (line 21 minus line 25, not below minimum tax; see instructions)..... ●	26.	<input type="text" value=".00"/>
	27. 2017 Estimated tax payments, other prepayments, and refundable credits from Schedule ES, line 8. Include payments made with your extension	27.	<input type="text" value=".00"/>
	28. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule)	28.	<input type="text" value=".00"/>
	29. Tax due. Is line 26 more than line 27 plus line 28? If so, line 26 minus lines 27 and 28..... Tax due ●	29.	<input type="text" value=".00"/>
	30. Overpayment. Is line 26 less than line 27 plus line 28? If so, line 27 plus line 28, minus line 26..... Overpayment ●	30.	<input type="text" value=".00"/>
	31. Penalty due with this return	31.	<input type="text" value=".00"/>
	32. Interest due with this return	32.	<input type="text" value=".00"/>
	33. Interest on underpayment of estimated tax (include Form OR-37)..... ●	33.	<input type="text" value=".00"/>
	34. Total penalty and interest (add lines 31 through 33)	34.	<input type="text" value=".00"/>
	35. Total due (line 29 plus line 34)..... Total due	35.	<input type="text" value=".00"/>
	36. Refund available (line 30 minus line 34)	36.	<input type="text" value=".00"/>
	37. Amount of refund to be credited to estimated tax..... ●	37.	<input type="text" value=".00"/>
	38. Net refund (line 36 minus line 37)..... Net refund	38.	<input type="text" value=".00"/>

Schedule ES—Estimated Tax Payments, Other Prepayments, and Refundable Credits

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. Refundable credits from Schedule OR-ASC-CORP, Section E.....		●	7.	<input type="text" value=".00"/>
	8. Total prepayments and refundable credits (carry to line 27 above)		●	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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	●
	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.
Don't staple**