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

A. Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)

B. State of commercial domicile C. Date business activity began in Oregon (MM/DD/YYYY) D. NAICS code

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

F. 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

G. If first return, indicate: New business Successor to previous business Previous business name FEIN

H. If final return, indicate: Withdrawn Dissolved Merged or reorganized Merged or reorganized corporation name FEIN

I. Utility or telecommunications companies (see instructions).

J. Enter ordinary business income or loss from federal Form 1120-S

K. Fill in the amount of your total Oregon sales

Continued on next page

S corporations without built-in gains or excess net passive income, fill in your apportionment percentage on line 6 then enter -0- on lines 7, 8, and 10 and go to line 11.

1. Income taxed on federal Form 1120-S from: (a) Built-in gains (see instructions).....1a. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
(b) Excess net passive income (see instructions)1b. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
Total: Line 1a plus line 1b.....Total 1c. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
2. Total additions from Schedule OR-ASC-CORP, Section A, (only if apply to amounts included in line 1, see instructions).....2. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
3. Total subtractions from Schedule OR-ASC-CORP, Section B, (only if apply to amounts included in line 1, see instructions).....3. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
4. S corporation income before net loss deduction (line 1c plus line 2, minus line 3) If income is entirely from Oregon sources, continue. If from both Oregon and other states, see Schedule OR-AP and continue4. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
5. Net loss from prior years as C corporation (deductible from built-in gain income only) (include schedule, enter as a positive number)5. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23. Enter 100.0000 if you don't apportion income.....6. [] [] [] [] . [] [] [] [] %
You must attach Schedule OR-AP to apportion income.
7. Oregon taxable income (line 4 minus line 5, or from Schedule OR-AP, part 2, line 12)7. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0

Tax
8. Calculated tax (see instructions).....8. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
9. Schedule OR-FCG-20 adjustment (see instructions, include schedule)9. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
10. Total calculated tax (line 8 minus line 9)10. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
11. Minimum tax (see instructions)11. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0
12. Tax (greater of line 10 or line 11)12. [] [] , [] [] [] [] , [] [] [] [] , [] [] [] [] . 0 0

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13. Tax adjustment for installment sales interest (include schedule)..... 13. , , , .

14. Tax before credits (line 12 plus line 13)..... 14. , , , .

Credits

15. Total carryforward credits from Schedule OR-ASC-CORP, Section D
(see instructions)..... 15. , , , .

16. Tax after carryforward credits (line 14 minus line 15)..... 16. , , , .

17. LIFO benefit recapture addition (see instructions)..... 17. , , , .

Net tax

18. Net tax (line 16 plus line 17, see instructions)..... 18. , , , .

19. Estimated tax payments from Schedule ES line 8. Include
payments made with extension..... 19. , , , .

20. **Tax due.** Is line 18 more than line 19? If so, line 18 minus
line 19..... **Tax due** 20. , , , .

21. **Overpayment.** Is line 18 less than line 19? If so, line 19 minus
line 18..... **Overpayment** 21. , , , .

22. Penalty due with this return (see instructions) 22. , , , .

23. Interest due with this return (see instructions) 23. , , , .

24. Interest on underpayment of estimated tax (include Form OR-37) 24. , , , .

25. Total penalty and interest (add lines 22 through 24) 25. , , , .

26. Total due (line 20 plus line 25)..... **Total due** 26. , , , .

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27. **Refund** available (line 21 minus line 25).....**Refund 27.** , , , .

28. Amount of refund to be credited to your open estimated tax account28. , , , .

29. Net refund (line 27 minus line 28).....**Net refund 29.** , , , .

Schedule SM—Oregon modifications passed through to shareholders

Federal taxable income passed through to the shareholders is adjusted to the extent that items of income, loss, or deduction of the shareholder are required to be adjusted under the provisions of Oregon Revised Statutes, Chapters 314 and 316. Indicate which federal Schedule K-1 line item each modification is for. Don't use Schedule OR-ASC-CORP codes for this section.

Additions

1. Interest on government bonds of other states 1. , , , .

K-1 line

2. Gain or loss on the sale of depreciable property2. , , , .

K-1 line

3. Other addition (**include schedule**)3. , , , .

4. Total Oregon additions4. , , , .

Subtractions

5. Interest from U.S. government, such as Series EE and HH bonds5. , , , .

K-1 line

6. Gain or loss on the sale of depreciable property6. , , , .

K-1 line

7. Work opportunity credit wage reductions7. , , , .

K-1 line

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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.

[Amount paid grid]

5. Overpayment of another year's tax applied as a credit against this year's tax.....5.

[Overpayment grid]

6. Payments made with extension or other prepayments for this tax year...6.

[Payments grid]

Date paid (MM/DD/YYYY)

[Date paid grid]

7. Reserved.....7.

[Reserved area]

8. Total prepayments (carry to line 19 above).....8.

[Total prepayments grid]

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

Officer signature

X [Signature line]

Date (MM/DD/YYYY)

[Date input boxes]

Officer first name

Initial

Officer last name

[Officer name and initial input boxes]

Officer title

[Officer title input boxes]

Check the box to authorize the following individual(s) to receive and provide confidential tax information relating to this return.

Preparer signature other than taxpayer

X [Signature line]

Date (MM/DD/YYYY)

Phone

Preparer license number

[Date, phone, and license number input boxes]

Preparer first name

Initial

Preparer last name

[Preparer name and initial input boxes]

Preparer address

[Preparer address input boxes]

City

State

ZIP code

[City, state, and ZIP code input boxes]

Mail refund returns and no tax due returns to:

Refund, PO Box 14777, Salem OR 97309-0960

Mail tax-to-pay returns with payment to:

Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120-S and schedules, including all federal K-1s or K-1 summary (see instructions).

