

# 2017 Form OR-20



Office use only	

## Oregon Corporation Excise Tax Return

Submit original form—do not submit photocopy

Fiscal year beginning 
  
 Fiscal year ending

Space for 2-D barcode—do not write in box below

**See instructions for checkboxes.**

- New name     New address     OR-FCG-20
- Extension     Form OR-37     REIT/RIC
- Amended     Form OR-24     IC-DISC
- Ag co-op     Federal Form 8886     Federal Form 5471
- Accounting period change
- Alternative apportionment

<input type="radio"/> Legal name	<input type="radio"/> FEIN —
<input type="radio"/> DBA/ABN	<input type="radio"/> Attn. or c/o
<input type="radio"/> Current address	<input type="radio"/> City <input type="radio"/> State <input type="radio"/> ZIP code
<input type="radio"/> Contact name	<input type="radio"/> Contact phone ( ) —
<input type="radio"/> Web	

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

<input type="radio"/> A. Incorporated in (state)	<input type="radio"/> Incorporated on (date) <input type="text" value="//"/>	<input type="radio"/> B. State of commercial domicile	<input type="radio"/> C. Date business activity began in Oregon <input type="text" value="//"/>	<input type="radio"/> D. Business activity code
<input type="radio"/> 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="radio"/> F. Enter name of parent corporation, if applicable		<input type="radio"/> Enter FEIN of parent corporation, if applicable		<input type="radio"/> G. Number of Oregon corporations
<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 <input type="checkbox"/> Successor to previous business	<input type="radio"/> K. If final return, indicate: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized
Name of previous business	Name of merged or reorganized corporation
FEIN —	FEIN —

<input type="radio"/> L. <input type="checkbox"/> Utility or telecommunications companies (see instructions).	<input type="radio"/> M. <input type="checkbox"/> Interstate broadcaster (see instructions).
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**N.** Fill in the amount of your total Oregon sales.....  **ON.**

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1. Taxable income from U.S. corporation income tax return (see instructions).....	● 1.	<input type="text" value=".00"/>
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions).....	● 2.	<input type="text" value=".00"/>
3. Income after additions (line 1 plus line 2).....	● 3.	<input type="text" value=".00"/>
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions).....	● 4.	<input type="text" value=".00"/>
5. Income before net loss deduction (line 3 minus line 4). <b>If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP, part 2, line 1...</b>	● 5.	<input type="text" value=".00"/>
6. Net loss deduction if not apportioned (include schedule, enter as a positive number).....	● 6.	<input type="text" value=".00"/>
7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number)...	● 7.	<input type="text" value=".00"/>
8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22; enter 100.0000 if you don't apportion income.....	● 8.	<input type="text" value="100.0000"/> %
<b>You must include Schedule OR-AP to apportion income.</b>		
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 11)...	● 9.	<input type="text" value=".00"/>

**Tax**

10. Calculated excise tax (see instructions).....	● 10.	<input type="text" value=".00"/>
11. Schedule OR-FCG-20 adjustment (include schedule) ..	● 11.	<input type="text" value=".00"/>
12. Total calculated excise tax (line 10 minus line 11) .....	● 12.	<input type="text" value=".00"/>
13. Minimum tax (see instructions) .....	● 13.	<input type="text" value=".00"/>
14. Tax (greater of line 12 or line 13).....	● 14.	<input type="text" value=".00"/>
15. Tax adjustments (see instructions, include schedule).....	● 15.	<input type="text" value=".00"/>
16. Tax before credits (line 14 plus line 15).....	● 16.	<input type="text" value=".00"/>

**Credits**

17. Total standard credits from Schedule OR-ASC-CORP, Section C.....	● 17.	<input type="text" value=".00"/>
18. Tax after standard credits (line 16 minus line 17, not less than minimum tax) .....	● 18.	<input type="text" value=".00"/>
19. Total carryforward credits from Schedule OR-ASC-CORP, Section D.....	● 19.	<input type="text" value=".00"/>

**Excise tax**

20. Excise tax after standard and carryforward credits (line 18 minus line 19, not below minimum tax; see instructions) .....	● 20.	<input type="text" value=".00"/>
21. LIFO benefit recapture subtraction (see instructions).....	● 21.	<input type="text" value=".00"/>
22. Net excise tax (line 20 minus line 21).....	● 22.	<input type="text" value=".00"/>
23. 2017 Estimated tax payments, other prepayments, and refundable credits from Schedule ES line 8. Include payments made with extension .....	● 23.	<input type="text" value=".00"/>
24. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule).....	● 24.	<input type="text" value=".00"/>
25. <b>Tax due.</b> Is line 22 more than line 23 plus line 24? If so, line 22 minus lines 23 and 24.....	● 25.	<input type="text" value=".00"/>
26. <b>Overpayment.</b> Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22 .....	● 26.	<input type="text" value=".00"/>
27. Penalty due with this return .....	27.	<input type="text" value=".00"/>
28. Interest due with this return .....	28.	<input type="text" value=".00"/>
29. Interest on underpayment of estimated tax (include Form OR-37).....	● 29.	<input type="text" value=".00"/>
30. Total penalty and interest (add lines 27 through 29) .....	30.	<input type="text" value=".00"/>
31. Total due (line 25 plus line 30).....	● 31.	<input type="text" value=".00"/>
32. <b>Refund</b> available (line 26 minus line 30) .....	● 32.	<input type="text" value=".00"/>
33. Amount of refund to be credited to estimated tax.....	● 33.	<input type="text" value=".00"/>
34. Net refund (line 32 minus line 33).....	● 34.	<input type="text" value=".00"/>

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

1.	Name of payer			
<b>Quarter 1</b>	● Payer's FEIN	Date paid	Amount paid..... ● 1.	.00
	—	/ /		
2.	Name of payer			
<b>Quarter 2</b>	● Payer's FEIN	Date paid	Amount paid..... ● 2.	.00
	—	/ /		
3.	Name of payer			
<b>Quarter 3</b>	● Payer's FEIN	Date paid	Amount paid..... ● 3.	.00
	—	/ /		
4.	Name of payer			
<b>Quarter 4</b>	● Payer's FEIN	Date paid	Amount paid..... ● 4.	.00
	—	/ /		
	5. Overpayment of another year's tax applied as a credit against this year's tax..... ● 5.			.00
	6. Payments made with extension or other prepayments for this tax year and date paid / / 6.			.00
	7. Total refundable credits from Schedule OR-ASC-CORP, Section E..... ● 7.			.00
	8. Total prepayments and refundable credits (carry to line 23 on previous page)..... 8.			.00

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.			
<b>Sign here</b>	Signature of officer	Signature of preparer other than taxpayer	● License number of preparer
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Date	Date	Phone
	/ /	/ /	( ) -
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

<b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960	<b>Mail tax-to-pay returns with payment and payment voucher to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include a complete copy of your federal Form 1120 and schedules  
Don't staple**