

2018 Form OR-20



Office use only

Oregon Corporation Excise Tax Return

Submit original form—do not submit photocopy

Fiscal year beginning and ending fields

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

See instructions for checkboxes.

- Checkboxes for 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, GILTI included on federal return, Accounting period change, Alternative apportionment request included

Legal name, FEIN, DBA/ABN, Attn. or c/o, Current address, City, State, ZIP code, Contact name, Contact phone, Email

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

Questions A through D: Incorporated in (state), Date, State of commercial domicile, Date business activity began in Oregon, Business activity code

Questions E through K: Consolidated federal return, Parent corporation, Federal waivers, IRS audit, First/final return, Previous business, Merged/reorganized corporation

Questions L and M: Utility or telecommunications companies, Interstate broadcaster

N. Fill in the amount of your total Oregon sales.....

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- 1. Taxable income from U.S. corporation income tax return... 1. .00
2. Total additions from Schedule OR-ASC-CORP, Section A... 2. .00
3. Income after additions (line 1 plus line 2)... 3. .00
4. Total subtractions from Schedule OR-ASC-CORP, Section B... 4. .00
5. Income before net loss deduction... 5. .00
6. Net loss deduction if not apportioned... 6. .00
7. Net capital loss deduction if not apportioned... 7. .00
8. Enter the apportionment percentage... 8. %
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 11)... 9. .00

Tax

- 10. Calculated excise tax... 10. .00
11. Schedule OR-FCG-20 adjustment... 11. .00
12. Total calculated excise tax (line 10 minus line 11)... 12. .00
13. Minimum tax... 13. .00
14. Tax (greater of line 12 or line 13)... 14. .00
15. Tax adjustments... 15. .00
16. Tax before credits (line 14 plus line 15)... 16. .00

Credits

- 17. Total standard credits from Schedule OR-ASC-CORP, Section C... 17. .00
18. Tax after standard credits (line 16 minus line 17, not less than minimum tax)... 18. .00
19. Total carryforward credits from Schedule OR-ASC-CORP, Section D... 19. .00

Excise tax

- 20. Excise tax after standard and carryforward credits... 20. .00
21. LIFO benefit recapture subtraction... 21. .00
22. Net excise tax (line 20 minus line 21)... 22. .00
23. 2018 Estimated tax payments, other prepayments, and refundable credits... 23. .00
24. Withholding payments made on your behalf... 24. .00
25. Tax due. Is line 22 more than line 23 plus line 24? If so, line 22 minus lines 23 and 24... Tax due 25. .00
26. Overpayment. Is line 22 less than line 23 plus line 24? If so, line 23 plus line 24, minus line 22... Overpayment 26. .00
27. Penalty due with this return... 27. .00
28. Interest due with this return... 28. .00
29. Interest on underpayment of estimated tax... 29. .00
30. Total penalty and interest (add lines 27 through 29)... 30. .00
31. Total due (line 25 plus line 30)... Total due 31. .00
32. Refund available (line 26 minus line 30)... Refund 32. .00
33. Amount of refund to be credited to estimated tax... 33. .00
34. Net refund (line 32 minus line 33)... Net refund 34. .00

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

1.	Quarter 1	Name of payer		
		● Payer's FEIN	Date paid	Amount paid..... ● 1. <input style="width:100px;" type="text" value=".00"/>
		—	/ /	
		Name of payer		
		● Payer's FEIN	Date paid	Amount paid..... ● 2. <input style="width:100px;" type="text" value=".00"/>
		—	/ /	
		Name of payer		
		● Payer's FEIN	Date paid	Amount paid..... ● 3. <input style="width:100px;" type="text" value=".00"/>
		—	/ /	
		Name of payer		
		● Payer's FEIN	Date paid	Amount paid..... ● 4. <input style="width:100px;" type="text" value=".00"/>
		—	/ /	
		5. Overpayment of another year's tax applied as a credit against this year's tax..... ● 5. <input style="width:100px;" type="text" value=".00"/>		
		6. Payments made with extension or other prepayments for this tax year and date paid / / ● 6. <input style="width:100px;" type="text" value=".00"/>		
		7. Total refundable credits from Schedule OR-ASC-CORP, Section E..... ● 7. <input style="width:100px;" type="text" value=".00"/>		
		8. Total prepayments and refundable credits (carry to line 23 on previous page)..... ● 8. <input style="width:100px;" type="text" value=".00"/>		

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.				
Sign here	Signature of officer	Signature of preparer other than taxpayer		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	Date	Date	Phone	● License no. of preparer
	/ /	/ /	() -	
	Print name of officer		Print name of preparer	
Title of officer		Address of preparer		
		City	State	ZIP code

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
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Include a complete copy of your federal Form 1120 and schedules. Don't staple.