

Page 3 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

1. Taxable income from U.S. corporation income tax return (see instructions).....	1.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions).....	2.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
3. Income after additions (line 1 plus line 2)	3.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions).....	4.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
5. Income before net loss deduction (line 3 minus line 4). 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	5.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
6. Net loss deduction if not apportioned (include schedule, enter as a positive number)	6.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number).....	7.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>
8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23; enter 100.0000 if you don't apportion income. You must include Schedule OR-AP to apportion income	8.	<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> %
9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 12).....	9.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>

Tax

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

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4. Quarter 4

Payer name

Paver FEIN

Date paid

4. Amount paid..... 4.

□ □ , □ □ □ , □ □ □ □ , □ □ □ □ . 0 0

Schedule ES

5. Overpayment of another year's tax applied as a credit against this year's tax.....	5.	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>
6. Payments made with extension or other prepayments for this tax year...6.	6.	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>
Date paid (MM/DD/YYYY) <input type="text" value=" "/> / <input type="text" value=" "/> / <input type="text" value=" "/> <input type="text" value=" "/> <input type="text" value=" "/>					
7. Total refundable credits from Schedule OR-ASC-CORP, Section E.....7.	7.	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>
8. Total prepayments and refundable credits (carry to line 23 on page 4)...8.	8.	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>	<input type="text" value=" "/> / <input type="text" value=" "/> . <input type="text" value=" "/> <input type="text" value=" "/>

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Page 7 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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

Officer signature

X

Date (MM/DD/YYYY)

 / /

Initial

Officer last name

Officer first name

Officer title

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

Date (MM/DD/YYYY)

 / /

Phone

 -

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

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

Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120 and schedules.

