

2025 Form OR-20
Oregon Corporation Excise Tax Return

Oregon Department of Revenue

Page 1 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year beginning (MM/DD/YYYY)

Fiscal year ending (MM/DD/YYYY)

See instructions for checkboxes (check all that apply)

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|---|---|--|---|
| <input type="checkbox"/> New name | <input type="checkbox"/> New address | <input type="checkbox"/> OR-FCG-20 | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Form OR-37 | <input type="checkbox"/> REIT/RIC | <input type="checkbox"/> Amended | <input type="checkbox"/> Form OR-24 |
| <input type="checkbox"/> IC-DISC | <input type="checkbox"/> Ag co-op | <input type="checkbox"/> Federal Form 8886 | <input type="checkbox"/> GILTI included on federal form |
| <input type="checkbox"/> Accounting period change | <input type="checkbox"/> Alternative apportionment request included | | |

Corporation legal name

Federal employer identification number (FEIN)

Doing business as (DBA) or assumed business name (ABN)

Attn: or c/o, first name

Initial

Attn: or c/o, last name

Corporation current address

City

State

ZIP code

Contact first name

Initial

Contact last name

Contact phone

Email

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Page 2 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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. ☐ (1) Consolidated federal return ☐ (2) Consolidated Oregon return ☐ (3) Corporations included in consolidated federal return, but not in Oregon return

F. Parent corporation name, if applicable

Parent corporation FEIN, if applicable

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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

J. If first return, indicate: ☐ New business ☐ Successor to previous business

Previous business name

FEIN

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K. If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Merged or reorganized corporation name

FEIN

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L. ☐ Utility or telecommunications companies (see instructions) **M.** ☐ PL86-272 protected affiliate(s), attach schedule (see instructions)

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

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|---|----|--|---|---|---|--|---|--|---|-------------------------------------|
| 1. Taxable income from U.S. corporation income tax return (see instructions)..... | 1. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions)..... | 2. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 3. Income after additions (line 1 plus line 2) | 3. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)..... | 4. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 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. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 6. Net loss deduction if not apportioned (include schedule, enter as a positive number) | 6. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number)..... | 7. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |
| 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. | <div><div></div><div></div><div></div></div> | . | <div><div></div><div></div><div></div><div></div></div> | % | | | | | |
| 9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 12)..... | 9. | <div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | / | <div><div></div><div></div><div></div></div> | . | <div><div>0</div><div>0</div></div> |

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| 10. Calculated excise tax (see instructions)..... | 10. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 11. Schedule OR-FCG-20 adjustment (include schedule)..... | 11. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 12. Total calculated excise tax (line 10 minus line 11) | 12. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 13. Minimum tax (see instructions) | 13. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 14. Tax (greater of line 12 or line 13) | 14. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 15. Tax adjustments (see instructions, include schedule)..... | 15. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |
| 16. Tax before credits (line 14 plus line 15)..... | 16. | <div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div></div> . <div><div>0</div><div>0</div></div> |

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

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