

• 2012 Form 20-S
Oregon S Corporation Tax Return



Excise Tax Income Tax
 Fiscal year beginning Fiscal year ending
 / / / /

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| | | | | | | | | |
|---|----------------------------|--|---|---|---|---|---|---|
| <p>● Name:</p> <p>● Address:</p> <p>● City:</p> <p>● St: ● ZIP code:</p> <p>● <input type="checkbox"/> New name</p> <p>● <input type="checkbox"/> New address</p> <p>● Phone:</p> <p>● <input type="checkbox"/> Extension</p> <p>● <input type="checkbox"/> Form 37</p> <p>● <input type="checkbox"/> Amended</p> <p>● <input type="checkbox"/> Form 24</p> <p>● <input type="checkbox"/> FCG-20</p> <p>● <input type="checkbox"/> Federal Form 8886</p> <p>● <input type="checkbox"/> REIT/RIC</p> <p>● <input type="checkbox"/> Accounting period change</p> <p>Contact:</p> <p>Web:</p> | <p>● FEIN:</p> <p>BIN:</p> | <p style="text-align: center;">For office use only</p> <p>●</p> <hr/> <p>Payment</p> <p>●</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">1</td> <td style="width:33%; text-align: center;">2</td> <td style="width:33%; text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">●</td> <td style="text-align: center;">●</td> <td style="text-align: center;">●</td> </tr> </table> | 1 | 2 | 3 | ● | ● | ● |
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| ● | ● | ● | | | | | | |
| <p>FOR COMPUTER USE ONLY</p> | | | | | | | | |

Questions: Complete A through D only if this is your first return or the answer changed during 2012.

| | | | | |
|--|---|-----------------------------------|---|-----------------------------|
| ● A. Incorporated in (state); | ● Incorporated on (date) | ● B. State of commercial domicile | ● C. Date business activity began in Oregon | ● D. Business Activity 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 | Name of previous business | FEIN | BIN | |
| <input type="checkbox"/> New business, or | | | | |
| <input type="checkbox"/> Successor to previous business | | | | |
| ● H. If final return, indicate | Name of merged or reorganized corporation | FEIN | BIN | |
| <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or | | | | |
| <input type="checkbox"/> Merged or reorganized | | | | |
| I. Enter the amount from federal Form 1120S, line 21 | ● I | | | |
| J. Utility or telecommunications companies | ● J | <input type="checkbox"/> | | |
| K. If you did not complete Schedule AP, fill in the amount of your Oregon sales | ● K | | | |

S corporations without federal taxable income, built-in gains, or excess net passive income, enter -0- on line 7. Don't enter minimum tax.

1. Income taxed on federal Form 1120S from:

(a) Built-in gains (enter amount from Form 1120S, Schedule D, Part III, line 16)....

(b) Excess net passive income (enter amount from 1120S "Worksheet for line 22a").... Total ● 1

2. Total other additions (only if apply to amounts included in line 1) (from Schedule ASC-CORP, see instructions) ● 2

3. Total other subtractions (only if apply to amounts included in line 1) (from Schedule ASC-CORP, see instructions) ● 3

4. S corporation income before net loss deduction (line 1 plus line 2, minus line 3)..... 4

If income is entirely from Oregon sources, continue. If from both in Oregon and other states, see Schedule AP.

5. Net loss from prior years as C corporation (deductible from built-in gain income only) (attach schedule) ● 5

6. Oregon taxable income (line 4 minus line 5, or amount from Schedule AP-2, line 11)..... ● 6

7. Tax calculation (see instructions) 7

8. Tax adjustments (attach schedule)..... ● 8

9. Total tax (line 7 plus line 8)..... ● 9



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| | | |
|--|-------------------------|--|
| 10. Total other credits (from Schedule ASC-CORP, see instructions)..... | ● 10 | |
| 11. Tax after credits (see instructions) | 11 | |
| 12. LIFO benefit recapture addition | ● 12 | |
| 13. Net tax (Excise tax not less than minimum tax) | ● 13 | |
| 14. 2012 estimated tax payments from Schedule ES line 7. Include payments made with extension..... | ● 14 | |
| 15. Tax due. Is line 13 more than line 14? If so, line 13 minus line 14 | Tax due ● 15 | |
| 16. Overpayment. Is line 13 less than line 14? If so, line 14 minus line 13 | Overpayment ● 16 | |
| 17. Penalty due with this return | 17 | |
| 18. Interest due with this return | 18 | |
| 19. Interest on underpayment of estimated tax (attach Form 37)..... | ● 19 | |
| 20. Total penalty and interest (add lines 17 through 19) | 20 | |
| 21. Total due (line 15 plus line 20) | Total due 21 | |
| 22. Refund available (line 16 minus line 20) | Refund 22 | |
| 23. Amount of refund to be credited to 2013 estimated tax | 2013 credit ● 23 | |
| 24. Net refund (line 22 minus line 23)..... | Net refund 24 | |

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.

| | | | |
|---------------------|--|---|--|
| Additions | 1. Interest on government bonds of other states.....(K-1 line ____) | 1 | |
| | 2. Gain or loss on the sale of depreciable property(K-1 line ____) | 2 | |
| | 3. Other (attach schedule) | 3 | |
| | 4. Total Oregon additions..... | 4 | |
| Subtractions | 5. Interest from U.S. government, such as Series EE and HH bonds | 5 | |
| | 6. Gain or loss on the sale of depreciable property | 6 | |
| | 7. Work opportunity credit wage reductions.....(K-1 line ____) | 7 | |
| | 8. Other (attach schedule) | 8 | |
| | 9. Total Oregon subtractions..... | 9 | |

Schedule ES—Estimated Tax Payments or Other Prepayments

| | Name of payer | Payer FEIN | Date of payment | Amount paid |
|---|---------------|------------|-----------------|-------------|
| 1. 1st Quarter | | | / / | 1 |
| 2. 2nd Quarter | | | / / | 2 |
| 3. 3rd Quarter | | | / / | 3 |
| 4. 4th Quarter | | | / / | 4 |
| 5. Overpayment of last year's tax elected as a credit against this year's tax | | | | 5 |
| 6. Payments made with extension or other prepayments for this tax year and date paid..... | | | / / | 6 |
| 7. Total prepayments (carry to line 14 above) | | | | 7 |

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

| | | | |
|------------------|-----------------------|---|----------------------------|
| Sign Here | Signature of officer | Signature of preparer other than taxpayer | License number of preparer |
| | X | X | ● |
| | Date | Date | Telephone number () |
| | Print name of officer | Print name of preparer | |
| Title of officer | Address of preparer | | |

Please attach a complete copy of your federal Form 1120S and schedules, including all K-1s or K-1 summary (see instructions).

Mail refund returns and no tax due returns to:
Refund, PO Box 14777, Salem OR 97309-0960

Mail tax-to-pay returns with payment and payment voucher to:
Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470