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	13. Tax before credits (line 11 plus line 12).....	● 13	
Credits	14. Total other credits (from Schedule ASC-CORP, see instructions).....	● 14	
	15. Tax after credits (line 13 minus line 14).....	● 15	
	16. LIFO benefit recapture addition (see instructions).....	● 16	
Net tax	17. Net tax (line 15 plus line 16, see instructions).....	● 17	
	18. 2015 estimated tax payments from Schedule ES line 7. Include payments made with extension.....	● 18	
	19. Tax due. Is line 17 more than line 18? If so, line 17 minus line 18	Tax due ● 19	
	20. Overpayment. Is line 17 less than line 18? If so, line 18 minus line 17	Overpayment ● 20	
	21. Penalty due with this return	21	
	22. Interest due with this return	22	
	23. Interest on underpayment of estimated tax (include Form 37).....	● 23	
	24. Total penalty and interest (add lines 21 through 23).....	24	
	25. Total due (line 19 plus line 24).....	Total due 25	
	26. Refund available (line 20 minus line 24)	Refund ● 26	
	27. Amount of refund to be credited to estimated tax.....	● 27	
	28. Net refund (line 26 minus line 27).....	Net refund 28	

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. Do not use *Schedule ASC-CORP* codes for this section.

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 addition (include schedule)	3	
	4. Total Oregon additions.....	4	
Subtractions	5. Interest from U.S. government, such as Series EE and HH bonds.....(K-1 line ____)	5	
	6. Gain or loss on the sale of depreciable property.....(K-1 line ____)	6	
	7. Work opportunity credit wage reductions.....(K-1 line ____)	7	
	8. Other subtraction (include 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. Qtr 1		●	/ /	● 1
2. Qtr 2		●	/ /	● 2
3. Qtr 3		●	/ /	● 3
4. Qtr 4		●	/ /	● 4
5. Overpayment of another year's tax applied 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 18 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	Phone number
	Print name of officer	Print name of preparer	
	Title of officer	Address of preparer	

Include 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