

2014 Form 20
Oregon Corporation
Excise Tax Return



* 0 2 5 8 1 4 0 1 0 1 0 0 0 0 *

<input type="radio"/> Fiscal year beginning / /	<input type="radio"/> Fiscal year ending / /
--	---

<input type="radio"/> Legal name: DBA/ABN: <input type="radio"/> Address: <input type="radio"/> City: <input type="radio"/> St: <input type="radio"/> ZIP code: <input type="checkbox"/> New name <input type="checkbox"/> New address <input type="checkbox"/> Extension <input type="checkbox"/> Form 37 <input type="checkbox"/> Amended <input type="checkbox"/> Form 24 <input type="checkbox"/> FCG-20 <input type="checkbox"/> Federal Form 8886 <input type="checkbox"/> REIT/RIC <input type="checkbox"/> Accounting period change Contact name : <input type="radio"/> Contact phone: Web:	<input type="radio"/> FEIN: BIN:	<table border="1"> <tr> <th colspan="3">For office use only</th> </tr> <tr> <td colspan="3"> <input type="radio"/> </td> </tr> <tr> <td colspan="3">Payment</td> </tr> <tr> <td> <input type="radio"/> 1 </td> <td> <input type="radio"/> 2 </td> <td> <input type="radio"/> 3 </td> </tr> </table>	For office use only			<input type="radio"/>			Payment			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
For office use only														
<input type="radio"/>														
Payment														
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3												
<div style="border: 1px solid black; padding: 10px; min-height: 200px;"> <p style="text-align: center; font-weight: bold;">FOR COMPUTER USE ONLY</p> </div>														

Questions: Complete A through D only if this is your first return or the answer changed during 2014.

<input type="radio"/> A. Incorporated in (state);	<input type="radio"/> Incorporated on (date)	<input type="radio"/> B. State of commercial domicile	<input type="radio"/> C. Date business activity began in Oregon	<input type="radio"/> D. Business Activity Code
<input type="radio"/> E. (1) <input type="checkbox"/> Consolidated federal return; <input type="radio"/> (2) <input type="checkbox"/> Consolidated Oregon return; <input type="radio"/> (3) <input type="checkbox"/> Corporations included in consolidated federal return, but not in Oregon return				
<input type="radio"/> F. <input type="checkbox"/> Low-income taxpayer	<input type="radio"/> G. Enter name of parent corporation, if applicable		<input type="radio"/> Enter FEIN of parent corporation, if applicable	
<input type="radio"/> H. Number of Oregon corporations	<input type="radio"/> I. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire			
<input type="radio"/> J. 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				
<input type="radio"/> K. If first return, indicate	Name of previous business	FEIN	BIN	
<input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business				
<input type="radio"/> L. 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				
<input type="radio"/> M. Utility or telecommunications companies (see instructions)... <input type="checkbox"/> M <input type="checkbox"/> N. Interstate broadcaster (see instructions) ... <input type="checkbox"/> N				
<input type="radio"/> O. If you did not complete Schedule AP, fill in the amount of your Oregon sales <input type="radio"/> O				

Additions	1. Taxable income from U.S. corporation income tax return (see instructions) <input type="radio"/> 1	
	2. State, municipal, and other interest income not included in line 1 <input type="radio"/> 2	
	3. Oregon excise tax and other state or foreign taxes on or measured by net income or profits <input type="radio"/> 3	
	4. Income of related FSC or DISC..... <input type="radio"/> 4	
	5. Total other additions (from Schedule ASC-CORP, see instructions)... <input type="radio"/> 5	
	6. Total additions (add lines 2 through 5)..... <input type="radio"/> 6	
	7. Income after additions (line 1 plus line 6) <input type="radio"/> 7	
Subtractions	8. Work opportunity credit wages not deducted on federal Form 1120.... <input type="radio"/> 8	
	9. Dividend deduction (attach schedule and explanation) <input type="radio"/> 9	
	10. Income of nonunitary corporations (attach schedule and explanation).... <input type="radio"/> 10	
	11. Total other subtractions (from Schedule ASC-CORP, see instructions)... <input type="radio"/> 11	
	12. Total subtractions (add lines 8 through 11) <input type="radio"/> 12	
	13. Income before net loss deduction (line 7 minus line 12). If income is derived from sources <input type="radio"/> 13	

both in Oregon and other states, carry amount from line 13 to Schedule AP-2, line 1.



* 0 2 5 8 1 4 0 1 0 2 0 0 0 0 *

	14. Net loss deduction and net capital loss deduction if not apportioned (attach schedule).....	● 14	
	15. Oregon taxable income (line 13 minus line 14, or amount from Schedule AP-2, line 11)	● 15	
	16. Calculated excise tax (see instructions)	● 16	
	17. FCG-20 adjustment (see instructions, attach worksheet).....	● 17	
	18. Total calculated excise tax (line 16 minus line 17)	● 18	
	19. Minimum tax (based on Oregon sales, see instructions)	● 19	
	20. Tax (greater of line 18 or line 19)	● 20	
	21. Tax adjustments (see instructions, attach schedule)	● 21	
	22. Tax before credits (line 20 plus line 21)	● 22	
Credits (see instructions)	23. Pollution control facilities credit	● 23	
	24. Renewable energy development contribution credit	● 24	
	25. Energy conservation project credit	● 25	
	26. Energy transportation project credit	● 26	
	27. Business energy credit.....	● 27	
	28. Energy manufacturing facility credit.....	● 28	
	29. Total other credits (from Schedule ASC-CORP)	● 29	
	30. Total credits (add lines 23 through 29)	● 30	
Excise Tax	31. Excise tax after credits (line 22 minus line 30, see instructions).....	● 31	
	32. LIFO benefit recapture subtraction (see instructions).....	● 32	
	33. Net excise tax (line 31 minus line 32).....	● 33	
	34. 2014 estimated tax payments from Schedule ES line 8. Include payments made with extension	● 34	
	35. Withholding payments made on your behalf from pass-through entity or real estate income	● 35	
	36. Tax due. Is line 33 more than line 34 plus line 35? If so, line 33 minus lines 34 and 35.....	Tax due ● 36	
	37. Overpayment. Is line 33 less than line 34 plus line 35? If so, line 34 plus line 35, minus line 33....	Overpayment ● 37	
	38. Penalty due with this return	38	
	39. Interest due with this return	39	
	40. Interest on underpayment of estimated tax (attach Form 37).....	● 40	
	41. Total penalty and interest (add lines 38 through 40)	41	
	42. Total due (line 36 plus line 41)	Total due 42	
	43. Refund available (line 37 minus line 41)	Refund 43	
	44. Amount of refund to be credited to estimated tax.....	● 44	
	45. Net refund (line 43 minus line 44).....	Net refund 45	

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 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. Claim of right credit (attach computation and explanation)				7
8. Total prepayments (carry to line 34 above)				8

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	

Please attach a complete copy of your federal Form 1120 and schedules

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



* 0 2 5 8 1 4 0 1 0 3 0 0 0 0 *

Schedule AF: Schedule of Affiliates for Form 20

A Schedule of Affiliates must be filed every year with each consolidated tax return. List only those affiliates doing business in Oregon, or with Oregon source income, that are part of the unitary group included in this tax return.

Do not include in this list the corporation filing this tax return. You may copy this form if you have more than 10 affiliates to include on this list.

Table with 4 columns: FEIN and BIN, Name and address, If new affiliate during this year, enter date affiliate became part of the unitary group, and If affiliate ceased to be part of the unitary group during the year, indicate date affiliate left group. It contains 10 rows for affiliates #1 through #10.

Attach additional schedules if needed