

**• 2015 Form 20
Oregon Corporation
Excise Tax Return**



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● Fiscal year beginning / /	● Fiscal year ending / /
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● Legal name: ● DBA/ABN: ● Current address: ● City: ● St: ● 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 ● <input type="checkbox"/> IC-DISC (see instructions) ● <input type="checkbox"/> Ag co-op (see instructions) Contact name: ● Contact phone: Web:	● FEIN:	<table border="1"> <tr> <th colspan="3">For office use only</th> </tr> <tr> <td colspan="3">●</td> </tr> <tr> <td colspan="3">Payment</td> </tr> <tr> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>●</td> <td>●</td> <td>●</td> </tr> </table>	For office use only			●			Payment			●	●	●	1	2	3	●	●	●
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FOR COMPUTER USE ONLY																				

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

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 Withdrawn, 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

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

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



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14. Net loss deduction if not apportioned (include schedule)	● 14	
15. Net capital loss deduction if not apportioned (include schedule).....	● 15	
16. Oregon taxable income (line 13 minus lines 14 and 15, or amount from Schedule AP-2, line 11)	● 16	
17. Calculated excise tax (see instructions)	● 17	
18. FCG-20 adjustment (see instructions, attach worksheet).....	● 18	
19. Total calculated excise tax (line 17 minus line 18)	● 19	
20. Minimum tax (based on Oregon sales, see instructions).....	● 20	
21. Tax (greater of line 19 or line 20)	● 21	
22. Tax adjustments (see instructions, include schedule).....	● 22	
23. Tax before credits (line 21 plus line 22).....	● 23	
Credits (see instructions)		
24. Pollution control facilities credit.....	● 24	
25. Renewable energy development contribution credit	● 25	
26. Energy conservation project credit	● 26	
27. Energy transportation project credit	● 27	
28. Business energy credit.....	● 28	
29. Energy manufacturing facility credit.....	● 29	
30. Total other credits (from Schedule ASC-CORP)	● 30	
31. Total credits (add lines 24 through 30).....	● 31	
Excise Tax		
32. Excise tax after credits (line 23 minus line 31, not below minimum tax; see instructions).....	● 32	
33. LIFO benefit recapture subtraction (see instructions).....	● 33	
34. Net excise tax (line 32 minus line 33).....	● 34	
35. 2015 estimated tax payments from Schedule ES line 8. Include payments made with extension	● 35	
36. Withholding payments made on your behalf from pass-through entity or real estate income	● 36	
37. Tax due. Is line 34 more than line 35 plus line 36? If so, line 34 minus lines 35 and 36.....	Tax due ● 37	
38. Overpayment. Is line 34 less than line 35 plus line 36? If so, line 35 plus line 36, minus line 34....	Overpayment ● 38	
39. Penalty due with this return	39	
40. Interest due with this return	40	
41. Interest on underpayment of estimated tax (include Form 37).....	● 41	
42. Total penalty and interest (add lines 39 through 41)	42	
43. Total due (line 37 plus line 42).....	Total due 43	
44. Refund available (line 38 minus line 42)	Refund ● 44	
45. Amount of refund to be credited to estimated tax.....	● 45	
46. Net refund (line 44 minus line 45).....	Net refund 46	

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. Claim of right credit (include computation and explanation).....				7
8. Total prepayments (carry to line 35 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	

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



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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, 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. Rows are numbered FEIN #1 through FEIN #10.

Include additional schedules if needed