

2017 Form OR-20-INC

Page 1 of 3, 150-102-021 (Rev. 10-17) Oregon Department of Revenue



Office use only	

Oregon Corporation Income Tax Return

Submit original form—do not submit photocopy

- Fiscal year beginning
- Fiscal year ending

See instructions for checkboxes.

- New name
- New address
- Form OR-24
- Extension
- Form OR-37
- REIT/RIC
- Amended
- Federal Form 8886
- Federal Form 5471
- Alternative apportionment

• Legal name	• FEIN		
• DBA/ABN	• Attn. or c/o		
• Current address	• City	• State	• ZIP code
• Contact name	• Contact phone		
• Web			

Use **Form OR-20-INC** when the corporation derives Oregon-source income, but the income-producing activity doesn't actually constitute "doing business." If the corporation has an Oregon address or has Oregon sales and one other apportionment factor for Oregon, the corporation should file Form OR-20.

Complete questions 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. <input type="checkbox"/> (1) Consolidated federal return.	• <input type="checkbox"/> (2) Consolidated Oregon return.	• <input type="checkbox"/> (3) Corporations included in consolidated federal return, but not in Oregon return.		
• F. Enter name of parent corporation, if applicable	• Enter FEIN of parent corporation, if applicable			
• G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire				
• H. 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				

• I. If first return, indicate: <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business	• J. If final return, indicate: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized
Name of previous business	Name of merged or reorganized corporation
FEIN	FEIN

• K. Utility or telecommunications companies (see instructions).

L. Fill in the amount of your total Oregon sales • L. .00

2017 Form OR-20-INC



	1. Taxable income from U.S. corporation income tax return (see instructions).....	●	1.	<input type="text" value=".00"/>
	2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions).....	●	2.	<input type="text" value=".00"/>
	3. Income after additions (line 1 plus line 2).....	●	3.	<input type="text" value=".00"/>
	4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions).....	●	4.	<input type="text" value=".00"/>
	5. Net income before apportionment (line 3 minus line 4). Carry amount on line 5 to Schedule OR-AP, part 2, line 1.....	●	5.	<input type="text" value=".00"/>
	6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22.....	●	6.	<input type="text" value="."/> %
	7. Oregon taxable income from Schedule OR-AP, part 2, line 11.....	●	7.	<input type="text" value=".00"/>

Tax	8. Calculated income tax (see instructions).....	●	8.	<input type="text" value=".00"/>
	9. Tax adjustments (include schedule).....	●	9.	<input type="text" value=".00"/>
	10. Tax before credits (line 8 plus line 9).....	●	10.	<input type="text" value=".00"/>

Credits	11. Total standard credits from Schedule OR-ASC-CORP, Section C (see instructions)	●	11.	<input type="text" value=".00"/>
	12. Tax after standard credits (line 10 minus line 11).....	●	12.	<input type="text" value=".00"/>
	13. Total carryforward credits from Schedule OR-ASC-CORP, Section D.....	●	13.	<input type="text" value=".00"/>

Income tax	14. Income tax after standard and carryforward credits (line 12 minus line 13).....	●	14.	<input type="text" value=".00"/>
	15. LIFO benefit recapture subtraction (see instructions).....	●	15.	<input type="text" value=".00"/>
	16. Net income tax (line 14 minus line 15, see instructions) (no minimum income tax)	●	16.	<input type="text" value=".00"/>
	17. 2017 Estimated tax payments, other prepayments, and refundable credits from Schedule ES line 8. Include payments made with extension	●	17.	<input type="text" value=".00"/>
	18. Withholding payments made on your behalf from pass-through entity or real estate income.....	●	18.	<input type="text" value=".00"/>
	19. Tax due. Is line 16 more than line 17 plus 18? If so, line 16 minus lines 17 and 18.....	●	19.	<input type="text" value=".00"/>
	20. Overpayment. Is line 16 less than line 17 plus line 18? If so, line 17 plus line 18, minus line 16	●	20.	<input type="text" value=".00"/>
	21. Penalty due with this return	●	21.	<input type="text" value=".00"/>
	22. Interest due with this return	●	22.	<input type="text" value=".00"/>
	23. Interest on underpayment of estimated tax (include Form OR-37).....	●	23.	<input type="text" value=".00"/>
	24. Total penalty and interest (add lines 21 through 23)	●	24.	<input type="text" value=".00"/>
	25. Total due (line 19 plus line 24).....	●	25.	<input type="text" value=".00"/>
	26. Refund available (line 20 minus line 24)	●	26.	<input type="text" value=".00"/>
	27. Amount of refund to be credited to estimated tax.....	●	27.	<input type="text" value=".00"/>
	28. Net refund (line 26 minus line 27).....	●	28.	<input type="text" value=".00"/>

2017 Form OR-20-INC



Schedule ES—Estimated Tax Payments, Other Prepayments, and Refundable Credits

1.	Quarter 1	Name of payer			
		● Payer's FEIN	Date paid	Amount paid.....	● 1. <input style="width:50px;" type="text" value=".00"/>
		—	/ /		
		Name of payer			
	Quarter 2	● Payer's FEIN	Date paid	Amount paid.....	● 2. <input style="width:50px;" type="text" value=".00"/>
		—	/ /		
		Name of payer			
	Quarter 3	● Payer's FEIN	Date paid	Amount paid.....	● 3. <input style="width:50px;" type="text" value=".00"/>
		—	/ /		
		Name of payer			
	Quarter 4	● Payer's FEIN	Date paid	Amount paid.....	● 4. <input style="width:50px;" type="text" value=".00"/>
		—	/ /		
		Name of payer			
		5. Overpayment of another year's tax applied as a credit against this year's tax..... ● 5. <input style="width:50px;" type="text" value=".00"/>			
		6. Payments made with extension or other prepayments for this tax year and date paid / / 6. <input style="width:50px;" type="text" value=".00"/>			
		7. Total refundable credits from Schedule OR-ASC-CORP, Section E..... ● 7. <input style="width:50px;" type="text" value=".00"/>			
		8. Total prepayments and refundable credits (carry to line 17 on previous page)..... 8. <input style="width:50px;" type="text" value=".00"/>			

Under penalty of false swearing, I declare that the information in this return and any enclosures is true, correct, and complete.			
Sign here	Signature of officer	Signature of preparer other than taxpayer	● License number of preparer
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	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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**Include a complete copy of your federal Form 1120 and schedules
Don't staple**