

2019 Form OR-20-INC

Page 1 of 3, 150-102-021
(Rev. 08-12-19 ver. 01)

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 Extension
- Form OR-37 REIT/RIC Amended
- Form OR-24 Federal Form 8886 GILTI included on federal return
- Alternative apportionment request included

<input type="checkbox"/> Legal name		<input type="checkbox"/> FEIN	
<input type="checkbox"/> DBA/ABN		<input type="checkbox"/> Attn. or c/o	
<input type="checkbox"/> Current address		<input type="checkbox"/> City	<input type="checkbox"/> State <input type="checkbox"/> ZIP code
<input type="checkbox"/> Contact first name	<input type="checkbox"/> Initial <input type="checkbox"/> Last name	<input type="checkbox"/> Contact phone () -	
<input type="checkbox"/> Email			

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.**

Don't complete questions A through D unless this is your first return, or the answer changed during this tax year.

<input type="checkbox"/> A. Incorporated in (state)	<input type="checkbox"/> Incorporated on (date) <input type="text" value="// //"/>	<input type="checkbox"/> B. State of commercial domicile	<input type="checkbox"/> C. Date business activity began in Oregon <input type="text" value="// //"/>	<input type="checkbox"/> D. Business activity code
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E. (1) Consolidated federal return (2) Consolidated Oregon return (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

<p><input type="checkbox"/> I. If first return, indicate:</p> <p><input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business</p> <p>Name of previous business</p> <p>FEIN</p>	<p><input type="checkbox"/> J. If final return, indicate:</p> <p><input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized</p> <p>Name of merged or reorganized corporation</p> <p>FEIN</p>
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<p><input type="checkbox"/> K. Utility or telecommunications companies (see instructions)</p>	<p><input type="checkbox"/> L. Limited partner income only. (include a copy of federal Schedule K-1, if applicable)</p>
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M. Fill in the amount of your total Oregon sales **M.** .00

2019 Form OR-20-INC

Page 2 of 3, 150-102-021
(Rev. 08-12-19 ver. 01)

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	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. 2019 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 your open estimated tax account.....	●	27.	<input type="text" value=".00"/>
	28. Net refund (line 26 minus line 27).....	●	28.	<input type="text" value=".00"/>

2019 Form OR-20-INC

Page 3 of 3, 150-102-021
(Rev. 08-12-19 ver. 01)

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

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

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.							
Sign here	Signature of officer			Signature of preparer other than taxpayer			
	X			X			
	Date			Date	Phone	● License no. of preparer	
	/ /			/ /	() -		
	Print first name of officer	Initial	Last name	Print first name of preparer	Initial	Last name	
Title of officer			Address of preparer				
			City	State	ZIP code		

Mail refund returns and no tax due returns to: Refund, PO Box 14777, Salem OR 97309-0960	Mail tax-to-pay returns with payment to: Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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Do NOT include a payment voucher with your return.
Include a complete copy of your federal Form 1120 and schedules. Don't staple.