

# 2018 Form OR-20-INS



Office use only	

## Oregon Insurance Excise Tax Return

Submit original form—do not submit photocopy

- Short year beginning
- Short year ending

**See instructions for checkboxes.**

- New name      •  New address
- Extension      •  Form OR-37
- Amended      •  GILTI included on federal return
- Alternative apportionment request included

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

**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. Number of Oregon corporations		
	-			
• H. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire				
• I. 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				
• J. If first return, indicate: <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business		• K. 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 Withdrawn 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		
-		-		

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

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Income Net income from the annual statement to the insurance commissioner:

- 1. Life, accident, and health companies (from page 4, line 35 of the annual statement)..... 1. .00
2. Less: Income, expenses, and other items attributable to separate accounts (from 'Summary of Operations,' page 4, lines 5 & 8.1 of the annual statement for life companies)..... 2. .00
3. Subtotal (line 1 minus line 2)..... 3. .00
4. Fire, property, and casualty companies (from page 4, line 20 of the annual statement)..... 4. .00
5. Less: Underwriting profit derived from wet marine and transportation insurance..... 5. .00
6. Subtotal (line 4 minus line 5)..... 6. .00
7. Total (line 3 plus line 6)..... 7. .00
8. Total additions from Schedule OR-ASC-CORP, Section A (see instructions)..... 8. .00
9. Income after additions (line 7 plus line 8)..... 9. .00
10. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)..... 10. .00
11. Income before net loss deduction (line 9 minus line 10)..... 11. .00

If income is derived from sources both in Oregon and other states, carry amount on line 11 to Schedule OR-AP, part 2, line 1. Complete both parts of Schedule OR-AP.

- 12. Net loss deduction (include schedule, enter as a positive number) ..... 12. .00
13. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22. Enter 100.0000 if you don't apportion income ..... 13. %
You must include Schedule OR-AP to apportion income.
14. Oregon taxable income (line 11 minus line 12, or amount Schedule OR-AP, part 2, line 11) ..... 14. .00

Tax

- 15. Calculated excise tax (see instructions)..... 15. .00
16. Minimum tax (based on Oregon sales, see instructions)..... 16. .00
17. Tax (greater of line 15 or line 16)..... 17. .00
18. Tax adjustment for installment sales interest (include schedule)..... 18. .00
19. Tax before credits (line 17 plus line 18)..... 19. .00

Credits

- 20. Total standard credits from Schedule OR-ASC-CORP, Section C..... 20. .00
21. Tax after standard credits (line 19 minus line 20, not less than minimum tax) ..... 21. .00
22. Total carryforward credits from Schedule OR-ASC-CORP, Section D..... 22. .00
23. OLHIGA (Oregon Life and Health Insurance Guaranty Association)..... 23. .00
24. Total carryforward credits/offsets (add lines 22 through 23)..... 24. .00

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<b>Excise tax</b>	25. Net excise tax (line 21 minus line 24, not below minimum tax; see instructions)..... ●	25.	<input type="text" value=".00"/>
	26. 2018 Estimated tax payments, other prepayments, and refundable credits from Schedule ES, line 8. Include payments made with your extension .....	26.	<input type="text" value=".00"/>
	27. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule) .....	27.	<input type="text" value=".00"/>
	28. <b>Tax due.</b> Is line 25 more than line 26 plus line 27? If so, line 25 minus lines 26 and 27..... <b>Tax due</b> ●	28.	<input type="text" value=".00"/>
	29. <b>Overpayment.</b> Is line 25 less than line 26 plus line 27? If so, line 26 plus line 27, minus line 25..... <b>Overpayment</b> ●	29.	<input type="text" value=".00"/>
	30. Penalty due with this return .....	30.	<input type="text" value=".00"/>
	31. Interest due with this return .....	31.	<input type="text" value=".00"/>
	32. Interest on underpayment of estimated tax (include Form OR-37)..... ●	32.	<input type="text" value=".00"/>
	33. Total penalty and interest (add lines 30 through 32) .....	33.	<input type="text" value=".00"/>
	34. <b>Total due</b> (line 28 plus line 33)..... <b>Total due</b>	34.	<input type="text" value=".00"/>
	35. <b>Refund</b> available (line 29 minus line 33)..... <b>Refund</b> ●	35.	<input type="text" value=".00"/>
	36. Amount of refund to be credited to estimated tax..... ●	36.	<input type="text" value=".00"/>
	37. <b>Net refund</b> (line 35 minus line 36)..... <b>Net refund</b>	37.	<input type="text" value=".00"/>

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

1. <b>Quarter 1</b>	Name of payer		Amount paid..... ●	1.	<input type="text" value=".00"/>
	● Payer's FEIN	Date paid			
2. <b>Quarter 2</b>	Name of payer		Amount paid..... ●	2.	<input type="text" value=".00"/>
	● Payer's FEIN	Date paid			
3. <b>Quarter 3</b>	Name of payer		Amount paid..... ●	3.	<input type="text" value=".00"/>
	● Payer's FEIN	Date paid			
4. <b>Quarter 4</b>	Name of payer		Amount paid..... ●	4.	<input type="text" value=".00"/>
	● Payer's FEIN	Date paid			
	5. Overpayment of another year's tax applied as a credit against this year's tax..... ●		5.	<input type="text" value=".00"/>	
	6. Payments made with extension or other prepayments for this tax year and date paid ____/____/____		6.	<input type="text" value=".00"/>	
	7. Refundable credits from Schedule OR-ASC-CORP, Section E..... ●		7.	<input type="text" value=".00"/>	
	8. Total prepayments and refundable credits (carry to line 26 above) .....		8.	<input type="text" value=".00"/>	

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

<b>Mail refund returns and no tax due returns to:</b> Refund, PO Box 14777, Salem OR 97309-0960	<b>Mail tax-to-pay returns with payment to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include Oregon schedules and file with the Oregon Department of Revenue. Don't staple.**