

**2025 Form OR-20-INS**  
**Oregon Insurance Excise Tax Return**

Oregon Department of Revenue

Page 1 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Short year beginning (MM/DD/YYYY)

Short year ending (MM/DD/YYYY)

**See instructions for checkboxes.**

- ☐ New name      ☐ New address      ☐ Extension      ☐ Form OR-37
- ☐ Amended      ☐ Alternative apportionment request included

Corporation legal name

Federal employer identification number (FEIN)

Doing business as (DBA) or assumed business name (ABN)

Attn: or c/o, first name

Initial

Attn: or c/o, last name

Corporation current address

City

State

ZIP code

Contact first name

Initial

Contact last name

Contact phone

Email

**Only complete questions A through C if this is your first return, or the answer changed during this tax year.**

**A.** Incorporated in (state)

Incorporated on (date) (MM/DD/YYYY)

**B.** State of commercial domicile

**C.** Date business activity began in Oregon (MM/DD/YYYY)

**D.** NAICS code

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**F** ☐ (1) Consolidated federal return ☐ (2) Consolidated Oregon return ☐ (3) Corporations included in consolidated federal

**F. Parent corporation name, if applicable**

Parent corporation FEIN, 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

1. 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: ☐ New business ☐ Successor to previous business

Previous business name

FEIN

**K** If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Merged or reorganized corporation name

FEIN

Fill in the amount of your total Oregon sales \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ . 0 0

Fill in the amount of your total Oregon sales.   /    /    /     .

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02932501020000

**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.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3. Subtotal (line 1 minus line 2) .....	3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4. Fire, property, and casualty companies (from page 4, line 20 of the annual statement) .....	4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
5. Less: Underwriting profit derived from wet marine and transportation insurance .....	5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
6. Subtotal (line 4 minus line 5) .....	6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
7. Total (line 3 plus line 6) .....	7.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
8. Total additions from Schedule OR-ASC-CORP, Section A (see instructions) .....	8.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
9. Income after additions (line 7 plus line 8) .....	9.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions) .....	10.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
11. Income before net loss deduction (line 9 minus line 10). <b>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</b> .....	11.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
12. Net loss deduction if not apportioned (include schedule, enter as a positive number) .....	12.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
13. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23. Enter 100.0000 if you don't apportion income. <b>You must include Schedule OR-AP to apportion income</b> .....	13.	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%			
14. Oregon taxable income (line 11 minus line 12, or amount from Schedule OR-AP, part 2, line 12).....	14.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

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## Tax

15. Calculated excise tax (see instructions)..... 15.

16. Minimum tax (based on Oregon sales, see instructions).....16.

17. Tax (greater of line 15 or line 16)..... 17.

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18. Tax adjustment for installment sales interest (include schedule)..... 18.





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19. Tax before credits (line 17 plus line 18) ..... 19.

[illegible]

## Credits

20. Total standard credits from Schedule OR-ASC-CORP, Section C.....20.





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21. Tax after standard credits (line 19 minus line 20, not less than minimum tax) .....21.

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22. Total carryforward credits from Schedule OR-ASC-CORP,  
Section D ..... 22.

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23. OLHIGA (Oregon Life and Health Insurance Guaranty Association).....23.

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24. Total carryforward credits/offsets (add lines 22 through 23).....24.

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## Excise tax

25. Net excise tax (line 21 minus line 24, not below minimum tax; see instructions).....25.

26. Estimated tax payments, other prepayments, and refundable credits from Schedule ES, line 8. Include payments made with your extension.....26.





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27. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule).....27.

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28. **Tax due.** Is line 25 more than line 26 plus line 27? If so, line 25 minus lines 26 and 27 ..... **Tax due** 28.

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29. **Overpayment.** Is line 25 less than line 26 plus line 27?  
If so, line 26 plus line 27, minus line 25 ..... **Overpayment** 29.

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30. Penalty due with this return .....	30.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
31. Interest due with this return .....	31.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
32. Interest on underpayment of estimated tax (include Form OR-37) .....	32.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
33. Total penalty and interest (add lines 30 through 32) .....	33.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
34. <b>Total due</b> (line 28 plus line 33) .....	<b>Total due</b> 34.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
35. <b>Refund</b> available (line 29 minus line 33) .....	<b>Refund</b> 35.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
36. Amount of refund to be credited to your open estimated tax account...	36.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
37. <b>Net refund</b> (line 35 minus line 36) .....	<b>Net refund</b> 37.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

**Schedule ES—Estimated tax payments, other prepayments, and refundable credits**

**1. Quarter 1**

Payer name

Payer FEIN - /Date paid /

1. Amount paid.....1.  ,  ,  ,  .

**2. Quarter 2**

Payer name

Payer FEIN - /Date paid /

2. Amount paid.....2.  ,  ,  ,  .

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### 3. Quarter 3

Payer name

Payer FEIN

Date paid

3. Amount paid.....3.

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#### 4. Quarter 4

Payer name

Payer FEIN

Date paid

4. Amount paid.....4.





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5. Overpayment of another year's tax applied as a credit against this year's tax.....5.

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6. Payments made with extension or other prepayments for this tax year...6.

Date paid (MM/DD/YYYY)



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7. Refundable credits from Schedule OR-ASC-CORP, Section E .....7.





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8. Total prepayments and refundable credits (carry to line 26 above).....8.

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**Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.**

Officer signature

X

Date (MM/DD/YYYY)

/   /

Officer first name

Initial

Officer title

Officer title

☐ **Check the box to authorize** the following individual(s) to receive and provide confidential tax information relating to this return.

Preparer signature other than taxpayer

X

Date (MM/DD/YYYY)

Phone

Preparer license number

/   /

-   -

Preparer first name

Initial

Preparer last name

Preparer address

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

**Do not include a payment voucher with your return. Include Oregon schedules and file with the Oregon Department of Revenue.**