

2025 Form OR-20-INS

Oregon Department of Revenue

Page 2 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

- E. (1) Consolidated federal return (2) Consolidated Oregon return (3) Corporations included in consolidated federal return, but not in Oregon return

F. Parent corporation name, if applicable

Parent corporation FEIN, if applicable

G. Number of Oregon corporations

2 - 8

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: New business Successor to previous business

Previous business name

- ## New business Successor to previous business

THE PRACTICE OF THE PRACTICIAN

FEIN

$$\boxed{\quad} - \boxed{\quad \quad \quad \quad \quad \quad \quad \quad \quad} =$$

K. If final return, indicate:

- Withdrawn Dissolved Merged or reorganized

Merged or reorganized corporation name

FEIN

$$\boxed{} - \boxed{} = \boxed{}$$

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

□ □ □ , □ □ □ □ , □ □ □ □ □ , □ □ □ □ □ . 0 0

150-102-129
(Rev. 07-10-25, ver. 01)



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

Continued on next page

Page 4 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax

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

									0 0
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16. Minimum tax (based on Oregon sales, see instructions).....16.

									0 0
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17. Tax (greater of line 15 or line 16).....17.

									0 0
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18. Tax adjustment for installment sales interest (include schedule).....18.

									0 0
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19. Tax before credits (line 17 plus line 18)19.

									0 0
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Credits

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

									0 0
--	--	--	--	--	--	--	--	--	-----

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

									0 0
--	--	--	--	--	--	--	--	--	-----

22. Total carryforward credits from Schedule OR-ASC-CORP, Section D22.

									0 0
--	--	--	--	--	--	--	--	--	-----

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

									0 0
--	--	--	--	--	--	--	--	--	-----

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

									0 0
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Excise tax

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

									0 0
--	--	--	--	--	--	--	--	--	-----

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

									0 0
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27. Withholding payments made on your behalf from pass-through entity or real estate income (include schedule).....27.

									0 0
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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.

									0 0
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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.

									0 0
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2025 Form OR-20-INS

Oregon Department of Revenue

Page 5 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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"/> 0 0
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"/> 0 0
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"/> 0 0
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"/> 0 0
34. Total due (line 28 plus line 33).....	Total due 34.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .	<input type="text"/> 0 0
35. Refund available (line 29 minus line 33)	Refund 35.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .	<input type="text"/> 0 0
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"/> 0 0
37. Net refund (line 35 minus line 36)	Net refund 37.	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> .	<input type="text"/> 0 0

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

1. Quarter 1

Payer name _____

Paver FEIN

1. Amount paid..... 1. / / / .

2. Quarter 2

Payer name

Payer FEIN _____-_____ / _____ / _____

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02932501050000

2025 Form OR-20-INS

Oregon Department of Revenue

Page 6 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

3. Quarter 3

Payer name

Payer FEIN

Date paid

3. Amount paid..... 3.

A sequence of four empty rectangular boxes, followed by a decimal point, and then two more empty rectangular boxes.

4. Quarter 4

Payer name

Payer FEIN

Date paid

10 - 1 = 2 / 3 / 5

4. Amount paid..... 4.

A sequence of four empty 2x3 grids, each enclosed in a light gray border, followed by a multiplication sign (×) and a 2x2 grid with a light gray border. The 2x2 grid contains two large zeros in its center cells.

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

0 0

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

Date paid (MM/DD/YYYY)

□ □ , □ □ □ , □ □ □ □ , □ □ □ □ □ , 0 0

7. Refundable credits from Schedule QR-ASC-CORP Section E 7.

A sequence of four empty 2x3 grids, each enclosed in a light gray border, followed by a multiplication sign (×) and a 2x2 grid with a light gray border. The 2x2 grid contains two large zeros in its center cells.

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

1 1 , 2 2 , 3 3 , 4 4 . 0 0

8. Total prepayments and refundable credits (carry to line 26 above) 8. 0 0

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2025 Form OR-20-INS

Oregon Department of Revenue

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

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)

 / /

Initial

Officer title

Officer first name

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.

