

2020 Form OR-20-S
Oregon S Corporation Tax Return

Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Excise tax Income tax

Fiscal year beginning (MM/DD/YYYY) / /
Fiscal year ending (MM/DD/YYYY) / /

See instructions for checkboxes.

New name New address OR-FCG-20 Extension
 Form OR-37 REIT/RIC Amended Form OR-24
 Federal Form 8886 GILTI included on federal return Accounting period change Alternative apportionment request included

Legal name

Federal employer identification number (FEIN) -

DBA/ABN

Attn: or c/o, first name Initial Attn: or c/o, last name

Current address

City State ZIP code -

Contact first name Initial Contact last name

Contact phone - -

Email



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Only complete questions A through D 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. Business activity code

E. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire

F. 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

G. If first return, indicate: New business Successor to previous business Name of previous business FEIN

H. If final return, indicate: Withdrawn Dissolved Merged or reorganized Name of merged or reorganized corporation FEIN

I. Utility or telecommunications companies (see instructions).

J. Enter ordinary business income or loss from federal Form 1120-S

K. Fill in the amount of your total Oregon sales

S corporations without built-in gains or excess net passive income, fill in your apportionment percentage on line 6 then enter -0- on lines 7, 8, and 10 and go to line 11.

1. Income taxed on federal Form 1120-S from: (a) Built-in gains (see instructions).....1a. , , , . 0 0

(b) Excess net passive income (see instructions)1b. , , , . 0 0

Total: Line 1a plus line 1b.....**Total 1c.** , , , . 0 0

2. Total additions from Schedule OR-ASC-CORP, Section A, (only if apply to amounts included in line 1, see instructions).....2. , , , . 0 0

3. Total subtractions from Schedule OR-ASC-CORP, Section B, (only if apply to amounts included in line 1, see instructions).....3. , , , . 0 0

4. S corporation income before net loss deduction (line 1c plus line 2, minus line 3) **If income is entirely from Oregon sources, continue. If from both Oregon and other states, see Schedule OR-AP and continue**4. , , , . 0 0

5. Net loss from prior years as C corporation (deductible from built-in gain income only) (include schedule, enter as a positive number)5. , , , . 0 0

6. Enter the apportionment percentage from Schedule OR-AP, part 1, line 23. Enter 100.0000 if you don't apportion income.....6. . %
You must attach Schedule OR-AP to apportion income.

7. **Oregon taxable income** (line 4 minus line 5, or from Schedule OR-AP, part 2, line 12)7. , , , . 0 0

Tax

8. Calculated tax (see instructions).....8. , , , . 0 0

9. Schedule OR-FCG-20 adjustment (see instructions, include schedule)9. , , , . 0 0

10. Total calculated tax (line 8 minus line 9)10. , , , . 0 0

11. Minimum tax (see instructions)11. , , , . 0 0

12. Tax (greater of line 10 or line 11)12. , , , . 0 0

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13. Tax adjustment for installment sales interest (include schedule)..... 13. , , , . 0 0

14. Tax before credits (line 12 plus line 13)..... 14. , , , . 0 0

Credits

15. Total carryforward credits from Schedule OR-ASC-CORP, Section D
(see instructions)..... 15. , , , . 0 0

16. Tax after carryforward credits (line 14 minus line 15)..... 16. , , , . 0 0

17. LIFO benefit recapture addition (see instructions)..... 17. , , , . 0 0

Net tax

18. Net tax (line 16 plus line 17, see instructions)..... 18. , , , . 0 0

19. Estimated tax payments from Schedule ES line 7. Include
payments made with extension..... 19. , , , . 0 0

20. **Tax due.** Is line 18 more than line 19? If so, line 18 minus
line 19..... **Tax due** 20. , , , . 0 0

21. **Overpayment.** Is line 18 less than line 19? If so, line 19 minus
line 18..... **Overpayment** 21. , , , . 0 0

22. Penalty due with this return (see instructions) 22. , , , . 0 0

23. Interest due with this return (see instructions) 23. , , , . 0 0

24. Interest on underpayment of estimated tax (include Form OR-37) 24. , , , . 0 0

25. Total penalty and interest (add lines 22 through 24) 25. , , , . 0 0

26. Total due (line 20 plus line 25)..... **Total due** 26. , , , . 0 0

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27. Refund available (line 21 minus line 25).....Refund 27.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
28. Amount of refund to be credited to your open estimated tax account28.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
29. Net refund (line 27 minus line 28).....Net refund 29.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Schedule SM—Oregon modifications passed through to shareholders

Federal taxable income passed through to the shareholders is adjusted to the extent that items of income, loss, or deduction of the shareholder are required to be adjusted under the provisions of Oregon Revised Statutes, Chapters 314 and 316. Indicate which federal Schedule K-1 line item each modification is for. Don't use Schedule OR-ASC-CORP codes for this section.

Additions

1. Interest on government bonds of other states1. K-1 line <input type="text"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
2. Gain or loss on the sale of depreciable property2. K-1 line <input type="text"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3. Other addition (include schedule)3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4. Total Oregon additions4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Subtractions

5. Interest from U.S. government, such as Series EE and HH bonds5. K-1 line <input type="text"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
6. Gain or loss on the sale of depreciable property6. K-1 line <input type="text"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
7. Work opportunity credit wage reductions7. K-1 line <input type="text"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

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8. Other subtraction (include schedule).....8. , , , .

9. Total Oregon subtractions.....9. , , , .

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

1. Quarter 1

Name of payer

Payer's FEIN

 -

Date paid

 / /

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

2. Quarter 2

Name of payer

Payer's FEIN

 -

Date paid

 / /

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

3. Quarter 3

Name of payer

Payer's FEIN

 -

Date paid

 / /

3. Amount paid.....3. , , , .

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4. Quarter 4

Name of payer

[Grid for Name of payer]

Payer's FEIN

[Grid for Payer's FEIN]

Date paid

[Grid for Date paid]

4. Amount paid.....4.

[Amount paid input fields]

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

[Overpayment input fields]

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

[Payments made input fields]

Date paid (MM/DD/YYYY)

[Date paid input fields]

7. Reserved.....7.

[Reserved area]

8. Total prepayments (carry to line 19 on previous page).....8.

[Total prepayments input fields]

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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.

Signature of officer

X [Signature line]

Date (MM/DD/YYYY)

[MM] [DD] / [MM] [DD] / [YYYY]

First name of officer

[First name boxes]

Initial

[Initial box]

Last name of officer

[Last name boxes]

Title of officer

[Title boxes]

Signature of preparer other than taxpayer

X [Signature line]

Date (MM/DD/YYYY)

[MM] [DD] / [MM] [DD] / [YYYY]

Phone

[Area] [Area] - [Area] [Area] - [Area] [Area]

Preparer license number

[License number boxes]

First name of preparer

[First name boxes]

Initial

[Initial box]

Last name of preparer

[Last name boxes]

Address of preparer

[Address boxes]

City

[City boxes]

State

[State box]

ZIP code

[ZIP code boxes]

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 a complete copy of your federal Form 1120-S and schedules, including all federal K-1s or K-1 summary (see instructions).

