

Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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.

, , , , .

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

, , , , .

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

, , , , .

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

, , , , .

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

, , , , .

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.

, , , , .

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

, , , , .

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.

, , , , .

Tax

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

, , , , .

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

, , , , .

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

, , , , .

11. Minimum tax (see instructions)11.

, , , , .

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

, , , , .

Continued on next page



27. Refund available (line 21 minus line 25) **Refund** 27. , , , . 0 028. Amount of refund to be credited to your open estimated tax account 28. , , , . 0 029. Net refund (line 27 minus line 28) **Net refund** 29. , , , . 0 0**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.

Additions1. Interest on government bonds of other states 1. , , , . 0 0

K-1 line

--	--

2. Gain or loss on the sale of depreciable property 2. , , , . 0 0

K-1 line

--	--

3. Other addition (include schedule) 3. , , , . 0 04. Total Oregon additions 4. , , , . 0 0**Subtractions**5. Interest from U.S. government, such as Series EE and HH bonds 5. , , , . 0 0

K-1 line

--	--

6. Gain or loss on the sale of depreciable property 6. , , , . 0 0

K-1 line

--	--

7. Work opportunity credit wage reductions 7. , , , . 0 0

K-1 line

--	--

Continued on next page

Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

8. Other subtraction (include schedule).....8. , , , , . 0 0

9. Total Oregon subtractions.....9. , , , , . 0 0

Schedule ES—Estimated tax payments, other prepayments, and refundable credits**1. Quarter 1**

Payer name

Payer FEIN

Date paid

 / /

1. Amount paid.....1. , , , , . 0 0

2. Quarter 2

Payer name

Payer FEIN

Date paid

 / /

2. Amount paid.....2. , , , , . 0 0

3. Quarter 3

Payer name

Payer FEIN

Date paid

 / /

3. Amount paid.....3. , , , , . 0 0

Continued on next page

2025 Form OR-20-S

Oregon Department of Revenue

Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

4. Quarter 4

Payer name

Payer FEIN

Date paid

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

4. Amount paid..... 4.

□ □ , □ □ □ , □ □ □ □ , □ □ □ . 0 0

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)

1 1 1 , 1 1 1 , 1 1 1 , 1 1 1 . 0 0

7. Reserved..... 7.

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

8. Total prepayments (carry to line 19 above)..... 8.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Continued on next page



Page 8 of 8 • 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 last name

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

