

2016 Form OR-20



Office use only

Oregon Corporation Excise Tax Return

Submit original form—do not submit photocopy

Fiscal year beginning and ending fields

Space for 2-D barcode—do not write in box below

See instructions for checkboxes.

- Checkboxes for New name, New address, OR-FCG-20, Extension, Form OR-37, REIT/RIC, Amended, Form OR-24, IC-DISC, Ag co-op, Federal Form 8886, Federal Form 5471, Accounting period change, Alternative apportionment

Legal name, DBA/ABN, Current address, Contact name, Web, FEIN, Attn. or c/o, City, St, ZIP code, Contact phone

Complete questions A through D only if this is your first return or the answer changed during this tax year.

Questions A through N regarding incorporation, domicile, activity, consolidated returns, parent corporation, federal waivers, IRS audit, previous business, and interstate broadcaster status.

O. If you didn't complete Schedule OR-AP, fill in the amount of your Oregon sales ..... O. [ ] .00

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	1. Taxable income from U.S. corporation income tax return (see instructions)..... ●	1.		.00
	2. Total additions (from Schedule OR-ASC-CORP; see instructions)..... ●	2.		.00
	3. Income after additions (line 1 plus line 2)..... ●	3.		.00
	4. Total subtractions (from Schedule OR-ASC-CORP; see instructions)..... ●	4.		.00
	5. Income before net loss deduction (line 3 minus line 4). If income is derived from sources both in Oregon and other states, carry amount from line 5 to Schedule OR-AP-2, line 1 ..... ●	5.		.00
	6. Net loss deduction if not apportioned (include schedule) ..... ●	6.		.00
	7. Net capital loss deduction if not apportioned (include schedule)..... ●	7.		.00
	8. Enter the apportionment percentage from Schedule OR-AP, line 22; enter 100.0000 if you don't apportion income..... ●	8.		%
	You must include Schedule OR-AP to apportion income.			
	9. Oregon taxable income (line 5 minus lines 6 and 7, or from Schedule OR-AP-2, line 11).... ●	9.		.00
<b>Tax</b>	10. Calculated excise tax (see instructions)..... ●	10.		.00
	11. Schedule OR-FCG-20 adjustment (include schedule) .. ●	11.		.00
	12. Total calculated excise tax (line 10 minus line 11) ..... ●	12.		.00
	13. Minimum tax (see instructions) ..... ●	13.		.00
	14. Tax (greater of line 12 or line 13) ..... ●	14.		.00
	15. Tax adjustments (see instructions, include schedule)..... ●	15.		.00
	16. Tax before credits (line 14 plus line 15)..... ●	16.		.00
<b>Credits</b>	17. Total Standard credits (from Schedule OR-ASC-CORP) ..... ●	17.		.00
	18. Total Carryforward credits (from Schedule OR-ASC-CORP) ..... ●	18.		.00
<b>Excise Tax</b>	19. Excise tax after credits (line 16 minus lines 17 and 18, not below minimum tax; see instructions) ..... ●	19.		.00
	20. LIFO benefit recapture subtraction (see instructions)..... ●	20.		.00
	21. Net excise tax (line 19 minus line 20)..... ●	21.		.00
	22. 2016 estimated tax payments from Schedule ES line 8. Include payments made with extension ..... ●	22.		.00
	23. Withholding payments made on your behalf from pass-through entity or real estate income..... ●	23.		.00
	24. <b>Tax due.</b> Is line 21 more than line 22 plus line 23? If so, line 21 minus lines 22 and 23..... <b>Tax due</b> ●	24.		.00
	25. <b>Overpayment.</b> Is line 21 less than line 22 plus line 23? If so, line 22 plus line 23, minus line 21 ..... <b>Overpayment</b> ●	25.		.00
	26. Penalty due with this return ..... 26.			.00
	27. Interest due with this return ..... 27.			.00
	28. Interest on underpayment of estimated tax (include Form OR-37)..... ●	28.		.00
	29. Total penalty and interest (add lines 26 through 28) ..... 29.			.00
	30. Total due (line 24 plus line 29)..... <b>Total due</b> 30.			.00
	31. <b>Refund</b> available (line 25 minus line 29) ..... <b>Refund</b> ●	31.		.00
	32. Amount of refund to be credited to estimated tax..... ●	32.		.00
	33. Net refund (line 31 minus line 32)..... <b>Net refund</b> 33.			.00

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**Schedule ES—Estimated Tax Payments or Other Prepayments**

1.	<b>Quarter 1</b>	Name of payer _____	Date paid ____/____/____	Amount paid..... ● 1. <input style="width:80%;" type="text" value=".00"/>
		● Payer's FEIN —		
2.	<b>Quarter 2</b>	Name of payer _____	Date paid ____/____/____	Amount paid..... ● 2. <input style="width:80%;" type="text" value=".00"/>
		● Payer's FEIN —		
3.	<b>Quarter 3</b>	Name of payer _____	Date paid ____/____/____	Amount paid..... ● 3. <input style="width:80%;" type="text" value=".00"/>
		● Payer's FEIN —		
4.	<b>Quarter 4</b>	Name of payer _____	Date paid ____/____/____	Amount paid..... ● 4. <input style="width:80%;" type="text" value=".00"/>
		● Payer's FEIN —		
5. Overpayment of another year's tax applied as a credit against this year's tax..... ● 5.				<input style="width:80%;" type="text" value=".00"/>
6. Payments made with extension or other prepayments for this tax year and date paid ____/____/____ ● 6.				<input style="width:80%;" type="text" value=".00"/>
7. Claim of right credit (include computation and explanation)..... ● 7.				<input style="width:80%;" type="text" value=".00"/>
8. Total prepayments (carry to line 22 on previous page)..... ● 8.				<input style="width:80%;" 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 <b>X</b>	Signature of preparer other than taxpayer <b>X</b>	● License number of preparer _____
	Date ____/____/____	Date ____/____/____	Phone number ( ) - _____
	Print name of officer _____	Print name of preparer _____	
	Title of officer _____	Address of preparer _____	

<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 and payment voucher to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Include a complete copy of your federal Form 1120 and schedules**