

2019 Form OR-20

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Oregon Department of Revenue



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, GILTI included on federal return, Accounting period change, Alternative apportionment request included

Legal name, FEIN, DBA/ABN, Attn. or c/o, Current address, City, State, ZIP code, Contact first name, Initial, Last name, Contact phone, Email

Don't complete questions A through D unless this is your first return, or the answer changed during this tax year.

Questions A through I: A. Incorporated in (state), B. State of commercial domicile, C. Date business activity began in Oregon, D. Business activity code, E. Consolidated federal return, F. Enter name of parent corporation, G. Number of Oregon corporations, H. List the tax years for which federal waivers of the statute of limitations are in effect, I. List the tax years for which your federal taxable income was changed

Questions J and K: J. If first return, indicate: New business, Successor to previous business; K. If final return, indicate: Withdrawn, Dissolved, Merged or reorganized

Questions L and M: L. Utility or telecommunications companies; M. Interstate broadcaster

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

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- 1. Taxable income from U.S. corporation income tax return... 1. .00
2. Total additions from Schedule OR-ASC-CORP, Section A... 2. .00
3. Income after additions (line 1 plus line 2)... 3. .00
4. Total subtractions from Schedule OR-ASC-CORP, Section B... 4. .00
5. Income before net loss deduction... 5. .00
6. Net loss deduction if not apportioned... 6. .00
7. Net capital loss deduction if not apportioned... 7. .00
8. Enter the apportionment percentage... 8. %
9. Oregon taxable income... 9. .00

Tax

- 10. Calculated excise tax... 10. .00
11. Schedule OR-FCG-20 adjustment... 11. .00
12. Total calculated excise tax... 12. .00
13. Minimum tax... 13. .00
14. Tax (greater of line 12 or line 13)... 14. .00
15. Tax adjustments... 15. .00
16. Tax before credits... 16. .00

Credits

- 17. Total standard credits... 17. .00
18. Tax after standard credits... 18. .00
19. Total carryforward credits... 19. .00

Excise tax

- 20. Excise tax after standard and carryforward credits... 20. .00
21. LIFO benefit recapture subtraction... 21. .00
22. Net excise tax... 22. .00
23. 2019 Estimated tax payments... 23. .00
24. Withholding payments... 24. .00
25. Tax due... 25. .00
26. Overpayment... 26. .00
27. Penalty due... 27. .00
28. Interest due... 28. .00
29. Interest on underpayment... 29. .00
30. Total penalty and interest... 30. .00
31. Total due... 31. .00
32. Refund available... 32. .00
33. Amount of refund... 33. .00
34. Net refund... 34. .00

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## Schedule ES—Estimated Tax Payments, Other Prepayments, and Refundable Credits

1.	<b>Quarter 1</b>	Name of payer				
		● Payer's FEIN	Date paid	Amount paid.....●	1.	.00
		—	/ /			
		Name of payer				
		● Payer's FEIN	Date paid	Amount paid.....●	2.	.00
		—	/ /			
		Name of payer				
		● Payer's FEIN	Date paid	Amount paid.....●	3.	.00
		—	/ /			
		Name of payer				
		● Payer's FEIN	Date paid	Amount paid.....●	4.	.00
		—	/ /			
		Name of payer				
		● Payer's FEIN	Date paid	Amount paid.....●	5.	.00
		5. Overpayment of another year's tax applied as a credit against this year's tax.....				
		6. Payments made with extension or other prepayments for this tax year and date paid.....				
		7. Total refundable credits from Schedule OR-ASC-CORP, Section E.....				
		8. Total prepayments and refundable credits (carry to line 23 on previous page).....				

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			Signature of preparer other than taxpayer			
	X			X			
	Date			Date	Phone	● License no. of preparer	
	/ /			/ /	( ) -		
	Print first name of officer		Initial	Last name	Print first name of preparer		Initial
Title of officer			Address of preparer				
			City		State	ZIP code	

<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 to:</b> Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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**Do NOT include a payment voucher with your return.**  
**Include a complete copy of your federal Form 1120 and schedules. Don't staple.**