

Form 20-S		OREGON S CORPORATION TAX RETURN		2001	
<input type="checkbox"/> Excise Tax <small>(200)</small>		or Fiscal Year Mo / Day / Year • Beginning: / / 01 • Ending: / / Year		For office use only	
<input type="checkbox"/> Income Tax <small>(202)</small>				Date received _____ Payment _____ <div style="display: flex; justify-content: space-around;"> 1 2 3 </div>	
Name _____				If you filed a return in 2000, <input type="checkbox"/> Name change indicate if you had a: <input type="checkbox"/> Address change	
Mailing address _____				Federal employer ID number _____	
				Business identification number _____	
City _____		State _____		ZIP Code _____	
Contact person _____		Telephone number () _____		<input type="checkbox"/> An extension is attached <input type="checkbox"/> Form 37 is attached <input type="checkbox"/> This is an amended return <input type="checkbox"/> Form 8824 is attached	

<p>Complete A through D only if this is your first return or the answer changed during 2001.</p> <p>• A. Incorporated in _____ (state), on _____ (date)</p> <p>• B. State of commercial domicile _____</p> <p>• C. Date business activity began in Oregon _____</p> <p>• D. Business Activity Code from federal return _____</p> <p>• E. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire: _____</p> <p>• 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: _____ Send a copy of the IRS report or the amended return under separate cover, if not furnished previously.</p>	<p>• G. If this is your first return, indicate whether: <input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previously existing business. Enter name, federal employer identification number, and BIN of previous business: _____</p> <p>• H. If this is your final return, indicate whether: <input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, <input type="checkbox"/> Merged or reorganized. Enter name, federal employer identification number, and BIN of merged or reorganized corporation: _____</p> <p>• I. If you didn't complete Schedule AP, enter gross receipts from federal Form 1120S, line 1a: \$ _____</p> <p>• J. Enter the amount from federal Form 1120S, line 21: \$ _____</p>
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➡ **S CORPORATIONS WITHOUT FEDERAL TAXABLE INCOME**—start on line 7.

➡ S corporations with federal income from **built-in gains, capital gains, or net passive investment income**—start on line 1.

➡ **S corporations with federal taxable income or LIFO benefit recapture**—see instructions.

Attach payment here	1. Income taxed on federal Form 1120S from:		
	(a) Built-in gains _____,		
	(b) Certain capital gains _____, and		
	(c) Excess net passive income _____	Total	
	2. Additions (see instructions, page 6)		
	3. Subtractions (see instructions, page 6)		
	4. S corporation income before net loss deduction (line 1 plus line 2, minus line 3)		
	If income is derived from sources both in Oregon and other states, carry amount on line 4 to line 1, Schedule AP-2, and skip line 5 below.		
	5. Net loss from prior years as C corporation. Attach schedule (deductible from built-in gain income only) ...		
	6. Oregon taxable income (line 4 minus line 5 or amount from Schedule AP-2, line 11)		
	7. Tax (6.6% of line 6) (excise tax returns, \$10 minimum tax)		
	8. Tax adjustment for interest on certain installment sales (see instructions)		
	9. Total tax (line 7 plus line 8)		
10. Credits against tax (attach schedule) (see instructions, page 6)			
11. Tax after credits (line 9 minus line 10) (excise tax not less than \$10)			
12. Tax adjustment for LIFO benefit recapture (see instructions, page 6)			
13. Net tax* (line 11 plus line 12) (excise tax not less than \$10)			

Now go to the back of this form ➡

PLEASE ATTACH A COMPLETE COPY OF YOUR FEDERAL FORM 1120-S AND SCHEDULES

14. 2001 estimated tax payments from Schedule ES. Include payments made with extension (see instructions) ...	14	
15. Tax Due. Is line 13 more than line 14? If so, line 13 minus line 14	15	Tax Due
16. Overpayment. Is line 13 less than line 14? If so, line 14 minus line 13	16	Overpayment
17. Penalty due with this return (see instructions, page 11)	17	
18. Interest due with this return (see instructions, page 11)	18	
19. Interest on underpayment of estimated tax. Attach Form 37	19	
20. Total penalty and interest (add lines 17 through 19)	20	
21. Total due (line 15 plus line 20) (see instructions, page 11)	21	Total Due
22. Refund available (line 16 minus line 20)	22	Refund
23. Amount of refund to be credited to 2002 estimated tax	23	2002 Credit
24. Net Refund (line 22 minus line 23)	24	Net Refund

***If the amount on line 13 is \$500 or more, see the instructions for interest on underpayment of estimated tax, page 11.**

SCHEDULE SM — OREGON MODIFICATIONS PASSED THROUGH TO SHAREHOLDERS (see instructions)

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.

ADDITIONS (see instructions)

1. Interest on government bonds of other states	(K-1 line _____)	1	
2. Gain or loss on the sale of depreciable property	(K-1 line _____)	2	
3. Other (attach schedule)		3	
4. Total Oregon additions		4	

SUBTRACTIONS (see instructions)

5. Interest from U.S. government, such as Series EE and HH bonds	(K-1 line _____)	5	
6. Gain or loss on the sale of depreciable property	(K-1 line _____)	6	
7. Work opportunity credit	(K-1 line _____)	7	
8. Other (attach schedule)		8	
9. Total Oregon subtractions		9	

SCHEDULE ES — ESTIMATED TAX PAYMENTS OR OTHER PREPAYMENTS

Voucher	Month	Date of Payment			Amount Paid
		Day	Year		
1. Voucher 1	1				1
2. Voucher 2	2				2
3. Voucher 3	3				3
4. Voucher 4	4				4
5. Overpayment of last year's tax elected as a credit against this year's tax					5
6. Payments made with extension or other payments for this tax year (date paid ____/____/____)					6
7. Total (carry to line 14 above)					7
8. Last year's net tax					8

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE	→	Signature of officer	Date	Signature of preparer other than taxpayer
	→	Title		Address

Mail refund returns and no tax due returns to:
Refund, PO Box 14777, Salem OR 97309-0960

Mail tax-to-pay returns to:
Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

Describe the nature and location(s) of your Oregon business activities _____

(Do not enter an amount of less than zero)

Value of real and tangible personal property used in the unitary business (owned, at average value; rented, at capitalized value):

Inventories
Buildings and other depreciable assets
Land
Other assets (describe)
Minus: Construction in progress
Total of section a

c. Total owned and rented property

Wages, salaries, commissions, and other compensation to employees:

c. Total wages and salaries

a. Sales delivered or shipped to Oregon purchasers:

b. Sales shipped from Oregon to:

(2) Purchasers in a state or country where the corporation is not taxable (e.g., under Public Law 86-272)

d. Total sales and other business receipts

5. Total percent (add items 1c, 2c, 3d, and 4, within column C)

6. Average percent (divide line 5 by the number of factors in column B) (enter on line 5, Schedule AP-2)
[compute percent to 4 decimal places (e.g., 12.34558 should be 12.3456%)]

(A) Total Within Oregon	(B) Total Within and Without Oregon	(C) Percent Within Oregon (A ÷ B) × 100
()	()	
		%
		%
		%
		%
		%
Column C) (enter on line 5, Schedule AP-2) should be 12.3456%]		%

1. Net income from business both in Oregon and other states (from page 1, line 4)	1	
2. Subtract: Net nonbusiness income included in line 1. Attach schedule	2	
3. Subtract: Gains from prior year installment sales included in line 1. Attach schedule (see instructions)	3	
4. Total net income subject to apportionment (line 1 minus line 2 and line 3)	4	
5. Oregon apportionment percentage (from Schedule AP-1, line 6)	5	× %
6. Income apportioned to Oregon (line 5 times line 4)	6	
7. Add: Net nonbusiness income allocated entirely to Oregon. Attach schedule	7	
8. Add: Gain from prior year installment sales apportioned to Oregon. Attach schedule (see instructions)	8	
9. Total of lines 6, 7, and 8	9	
10. Minus: (a) Oregon apportioned net loss from prior years \$ _____, and (b) net capital loss from other years (see instructions) \$ _____, from tax year _____.	10	
11. Oregon taxable income (line 9 minus line 10) (carry to page 1, line 6)	11	