



COMBINED TAX RETURN FOR CORPORATIONS
MULTNOMAH COUNTY BUSINESS INCOME TAX
CITY OF PORTLAND BUSINESS LICENSE TAX

Taxable Year ____/____/____ to ____/____/____
DUE DATE: 15th day of the 4th month following the taxable year end
 (April 15 for calendar year filers)



FORM
C-2010

Name/Mailing Address: _____

Account #: _____

Amended Return? ☐

Ceased Portland/Multnomah Business? ☐ (attach explanation)

FEIN # _____

Federal Business Code _____

Please ☒ if address change: ☐

Please notify Bureau if your business location changes

Attach Oregon Form 20 and pages 1-5 of federal Form 1120

CORPORATION

1. Net Income or (Loss) _____
2. Business Income Tax & Business License Tax Add Back _____
3. Compensation (# of controlling shareholders ____)
4. Other additions or subtractions _____
5. Adjusted Net Income (total lines 1, 2, 3 and 4) _____
6. Compensation Allowance Deduction (see instructions) (_____)
7. Subject Net Income (line 5 minus line 6) _____

Multnomah County Business Income Tax

Average Sum of Multnomah Employees in 2010

8. County Gross Income = _____ = _____ If you are not liable for Multnomah County Tax
 Total Gross Income* please push "Not MC Liable" button:
**If total gross income is less than \$50,000, the taxpayer is exempt and should complete the Annual Exemption Request (Form AER).*
9. County Apportioned Net Income (line 7 x line 8) _____
10. Net Operating Loss Deduction (max 75% of line 9) (_____) Enter as negative sum
11. Income Subject to Tax (line 9 minus line 10) _____
12. Tax (line 11 x tax rate of 1.45%) **MINIMUM \$100** _____
13. Prepayments (_____) Enter as negative sum
14. Penalty _____
15. Interest _____
16. Balance Due or (Overpayment) _____
17. Refund _____ Credit _____ Transfer to Portland _____

City of Portland Business License Tax

Average Sum of Portland Employees in 2010

18. Portland Gross Income = _____ = _____ If you are not liable for Portland License Tax
 Total Gross Income* please push "Not PL Liable" button:
**If total gross income is less than \$50,000, the taxpayer is exempt and should complete the Annual Exemption Request (Form AER).*
19. Portland Apportioned Net Income (line 7 x line 18) _____
20. Net Operating Loss Deduction (max 75% of line 19) (_____) Enter as negative sum
21. Income Subject to Tax (line 19 minus line 20) _____
22. Tax (line 21 x rate of 2.2%) **MINIMUM \$100** _____
23. Prepayments (_____) Enter as negative sum
24. Penalty _____
25. Interest _____
26. Balance Due or (Overpayment) _____
27. Refund _____ Credit _____ Transfer to Multnomah _____

Donation to "Work for Art" Program _____

28. **Combined Amount Due with Report** (total lines 16 and 26) Check # _____

Make check payable to City of Portland, 111 SW Columbia St, Suite #600, Portland, OR 97201-5840.

The undersigned declares that the information given on this report is true. The undersigned is authorized to act as a representative of the filer. Filers of incomplete returns (including returns that have not reported the Average Sum of Employees) may be subject to civil penalties of up to \$500.

Signature of Filer _____ Filer's Daytime Telephone () _____

Signature of Preparer _____ Date _____

Preparer's Name/Address _____ Telephone () _____

ATTACH CHECK HERE