

• 2009 Form 20-S
Oregon S Corporation Tax Return



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Excise Tax Income Tax
 Fiscal year beginning Fiscal year ending
 / / / /

<p>• Name:</p> <p>• Address:</p> <p>• City:</p> <p>• St: • ZIP code:</p> <p> <input type="checkbox"/> New name <input type="checkbox"/> New address <input type="checkbox"/> Phone: </p> <p> <input type="checkbox"/> Extension <input type="checkbox"/> Form 37 <input type="checkbox"/> Amended <input type="checkbox"/> Form 24 <input type="checkbox"/> FCG-20 <input type="checkbox"/> Federal Form 8886 <input type="checkbox"/> REIT/RIC <input type="checkbox"/> Accounting period change </p> <p>Contact: Web:</p>	<p>• FEIN:</p> <p>• BIN:</p>	<p style="text-align: center;">For office use only</p> <p>•</p> <hr/> <p>Payment</p> <p>•</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">1</td> <td style="width:33%; text-align: center;">2</td> <td style="width:33%; text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">•</td> <td style="text-align: center;">•</td> <td style="text-align: center;">•</td> </tr> </table>	1	2	3	•	•	•
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<p>FOR COMPUTER USE ONLY</p>								

Questions: Complete A through D only if this is your first return or the answer changed during 2009.

• A. Incorporated in (state);	• Incorporated on (date)	• B. State of commercial domicile	• C. Date business activity began in Oregon	• D. Business Activity Code
• E. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire				
• 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				
• G. If first return, indicate	Name of previous business	FEIN	BIN	
<input type="checkbox"/> New business, or <input type="checkbox"/> Successor to previous business				
• H. If final return, indicate	Name of merged or reorganized corporation	FEIN	BIN	
<input type="checkbox"/> Withdrawn, <input type="checkbox"/> Dissolved, or <input type="checkbox"/> Merged or reorganized				
I. Enter the amount from federal Form 1120S, line 21	• I			
J. Utility, telecommunications, or timber companies	• J			
K. If you did not complete Schedule AP, fill in the amount of your Oregon sales	• K			

S corporations without federal taxable income, start on line 7.

1. **Income taxed** on federal Form 1120S from:

(a) Built-in gains (enter amount from Form 1120S, Schedule D, Part III, line 16)....

(b) Excess net passive income (enter amount from 1120S "Worksheet for line 22a").... Total • 1

2. **Additions** (enter only additions that apply to taxable income included in line 1)..... • 2

3. **Subtractions** (enter only subtractions that apply to income included in line 1)..... • 3

4. S corporation income before net loss deduction (line 1 plus line 2, minus line 3)..... • 4

If income is entirely from Oregon sources, continue. If from both in Oregon and other states, see Schedule AP.

5. Net loss from prior years as C corporation (deductible from built-in gain income only) (attach schedule) • 5

6. Oregon taxable income (line 4 minus line 5 or amount from Schedule AP-2, line 11)..... • 6

7. **Tax** (minimum tax is required for excise taxpayers)..... 7

8. **Tax adjustments** (attach schedule)..... • 8

9. Total tax (line 7 plus line 8)..... • 9



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Table with 24 rows for tax calculations including Total credits, Tax after credits, LIFO benefit recapture, Net tax, 2009 estimated tax payments, Tax due, Overpayment, Penalty, Interest, Total penalty and interest, Total due, Refund available, Amount of refund, and Net refund.

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.

Table for Additions: Interest on government bonds, Gain or loss on the sale of depreciable property, Other (attach schedule), Total Oregon additions.

Table for Subtractions: Interest from U.S. government, Gain or loss on the sale of depreciable property, Work opportunity credit wage reductions, Other (attach schedule), Total Oregon subtractions.

Schedule ES – Estimated Payments or Other Prepayments

Table with 7 rows for estimated payments or other prepayments, including Voucher 1-4, Overpayment of last year's tax, and Total prepayments.

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Signature and information fields for officer and preparer, including signature, date, name, title, and address.

Please attach a complete copy of your federal Form 1120S and schedules, including all K-1s

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

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