

Oregon TY2017 ATS Testing
Corporation Returns

Test Scenario 1 – Form OR-20

Federal Form:

- 1120

Required PDF's:

- Oregon Attachments Federal Form 7004

Filer:

- FEIN - 11-0000001
- Legal Name - International Finance Incorporated
- DBA/ABN – International Bank
- Address - 155 Main Street Portland OR 97228

Business Representative (ReturnHeaderState):

- Name – Poppy Seed
- Title - Chief Executive Officer

Conditions/Header:

- Not Consolidated
- Airline Processing Instructions
- Agricultural Co-op checkbox
- Calendar Tax Year
- Extension
- Form FCG-20
- Form 8886
- Federal Form 5471
- Contact name and phone number
- Web address
- (A-B) Where incorporated, date incorporated, state domiciled
- (C) Date began business activity in Oregon
- (D) Business Activity Code (NAICS)
- (G) One Oregon Corporation
- (J) New business
- (M) Interstate broadcaster
- (N) Oregon Sales
- Return is professionally prepared; Preparer License # Required
- Signature box is checked
- Direct debit authorization box checked

Financial Transaction:

- Complete with payment and requested payment date.

Form OR-20 Lines:

- 1-22, 25, and 27-31 (Line 6 and Line 7 should not be equal for this scenario)

Schedule OR-ASC-CORP:

- Section A - Additions
 - Codes 176 and 177
 - Enter amounts
 - Country Codes – enter two different county codes
- Section B - Subtractions
 - Code 367
 - Enter an amount
 - Country Code – enter a country code
- Section C - Standard Credits
 - Enter code and amount
- Section D - Carryforward Credits
 - Enter a code
 - Enter amounts in all fields

FCG-20 Worksheet Lines:

- All

Qualified Research Activities Credit Worksheet Lines:

- All

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Test Scenario 2 – Form OR-20

Federal Form:

- 1120

Required PDF's:

- IncomeNonBusinessOrLoss.pdf
- PriorYrInstallmentSaleGain.pdf
- ORNetNonBusInc.pdf
- ORPriorYrInstallGain.pdf
- CapitalLossCarryover.pdf
- AppNetLossDed.pdf
- NonunitaryInc.pdf
- FormORDRD.pdf – if the Form OR-DRD is not supported in the xml

Filer:

- EIN - 11-0000002
- Legal Name - Anywhere At All Inc.
- Address - 1455 D Street Portland OR 97228

Business Representative (ReturnHeaderState):

- Name - Bart Smith
- Title - Chief Executive Officer
- Signature Date - 03/15/2018

Conditions/Header:

- Not Consolidated
- Amended (if supported)
- IC-DISC checkbox
- Short year Filer: 01/01/2017– 11/30/2017
- Form OR-37
- Form OR-24
- REIT/RIC checkbox
- Alternative Apportionment
- New Address
- Contact name and phone number
- Web address
- (I) A prior tax year was changed by the IRS
- (K) Final Return; Merged, Name of Merged Corp & FEIN
- Return is professionally prepared; Preparer License # Required
- Signature box is checked

Form OR-20 Lines:

- All applicable lines, including 22-24, 26, 32-34

Schedule ES Lines:

- All

Schedule OR-ASC-CORP:

- Section B - Subtractions
 - Code 370 and Code 371
 - Enter amounts for each code
- Section E – Refundable Credits
 - Code 890
 - Enter an amount

Form OR-24 Lines:

- 1-7

Form OR-37 Lines:

- 3a-3d, 16a-16d, 17a-17d, and 21a-21d

Schedule OR-AP-1 Lines:

- 1a & 1b -6a & 6b, 9a & 9b, 10a & 10b-12a & 12b, and 13-22 (excluding lines 18-20)

Schedule OR-AP-2 Lines:

- All

Form OR-DRD Lines:

- 11a & 11c, 18a & 18c, 19a & 19c, and 20

Federal Form 1120 Lines:

- 10 and 26

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Test Scenario 3 – Form OR-20

Federal Form:

- 1120

Filer:

- EIN - 11-0000003

Conditions/Header:

- Not Consolidated
- New name
- Accounting period change
- (H) Tax years for which federal waivers are in effect and dates waivers expire
- (J) First return; Successor to previous business; Name and FEIN of previous business
- (L) Utility company

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Test Scenario 4 – Form OR-20 Consolidated return

The Greek Play House – non unitary
Hide 'N Seek Foods – consolidated parent
Acme Food Corp – Oregon non parent filer

Federal Form:

- 1120

Required PDF's:

- FF120p1.pdf
- ORApportionWorkpapers.pdf
- OtherIncome.pdf
- OtherDeductions.pdf

Oregon Filer:

- Nonparent
- EIN - 11-0000004
- Legal Name – Acme Food Corp
- Address - 61 Any Street, Anytown TX 78621

Business Representative (ReturnHeaderState):

- Name – Bugs Bunny
- Title - Chief Executive Officer
- Signature Date - 04/15/2018

Federal Filer:

- EIN - 11-0000025
- Name - Hide 'N Seek Foods, Inc
- Address - 32 Any Street, Anytown TX 78621

Conditions/Header:

- Calendar year Filer
- Corporation is consolidated
- Non Parent files the Oregon return
- (E1) Consolidated federal return
- (E2) Consolidated Oregon Return
- (E3) Corporations included in a consolidated federal return, but not in Oregon return
- (F) Name of parent corporation
- (F) Enter FEIN of parent corporation
- (G) Number of Oregon corporations
- Signature box is checked

Form OR-20 Lines:

- All applicable lines

Schedule OR-AF:

- Hide 'N Seek Foods

Schedule OR-AP-1 Lines:

- All applicable lines

Schedule OR-AP-2 Lines:

- All applicable lines

Federal Form 1120:

- Enter amounts on lines 10 and 26

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Test Scenario 5 – Form OR-20-S

Federal Form:

- 1120-S

Required PDF's:

- Oregon Attachments Federal Form 7004

Filer:

- EIN - 11-0000005
- Legal Name - Great Atomic Pyrotechnics & Designs, Inc
- DBA/ABN – Light Shows
- Address - 1239 Appaloosa Drive, Bend OR 97008

Business Representative (ReturnHeaderState):

- Name – Carmen San Diego
- Title - President
- Signature Date - 11/25/2018

Conditions/Header:

- Excise Tax filer
- Calendar Year filer
- New Name
- New Address
- Extension
- Form 8886
- Accounting period change
- Direct debit authorization box checked
- Contact name and phone number
- Web address
- (E) Federal waiver tax years
- (H) Final Return; Merged, Name of Merged Corp & FEIN
- (I) Amount from Federal Form 1120S, line 21
- (K) Amount of Oregon sales
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Financial Transaction:

- Complete with payment and requested payment date

Form OR-20-S Lines:

- 1 (including 1a&1b)-18, 20, and 22-26

Schedule OR-ASC-CORP:

- Section A - Additions
 - Enter code and amount

- Section B - Subtraction
 - Enter code and amount

- Section D - Carryforward Credit
 - Enter a code
 - Amounts in all fields

Schedule SM Lines:

- All

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Test Scenario 6 – Form OR-20-S

Federal Form:

- 1120S

Required PDF's:

- ORPriorYrInstallGain.pdf
- CapitalLossCarryover.pdf
- ORNetNonBusInc.pdf
- IncomeNonBusinessOrLoss.pdf
- PriorYrInstallmentSaleGain.pdf
- AppNetLossDed.pdf

Filer:

- EIN- 11-0000006
- Legal Name - Package Express Inc
- Address - 1239 Appaloosa Drive, Everett WA 98008

Business Representative (ReturnHeaderState):

- Name- Ranger Rick
- Title - Chief Executive Officer
- Signature Date - 01/15/2018

Conditions/Header:

- Income Tax filer
- Short Year filer 1/01/2017– 09/30/2017
- Amended Return (if supported)
- Form OR-24
- Form FCG-20
- REIT/RIC
- Accounting period change
- Alternative Apportionment
- New Name
- Contact name and phone number
- Web address
- (A-B) Where incorporated, date incorporated, state domiciled
- (C) Date began business activity in Oregon
- (D) Business Activity Code (NAICS)
- (G) First Return; Successor to previous business, Name of previous business & FEIN
- (J) Utility company
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Form OR-20-S Lines:

- 1 (including 1a&1b), 4, 6-8, 10, 12, 14, 16, 18-19, 21, 27-29

Schedule ES Lines:

- All

Schedule OR-AP-1 Lines:

- 1a & 1b -6a & 6b, 9a & 9b, 10a & 10b-12a & 12b, and 13-22 (excluding lines 18-20)

Schedule OR-AP-2 Lines:

- All

FCG-20 Worksheet Lines:

- All

Form OR-24 Lines:

- 1-7

Test Scenario 7 – Form OR-20-INC (Form 20I)

Federal Form:

- 1120

Required PDF's:

- FormORDRD.pdf – if the Form OR-DRD is not supported in the xml

Filer:

- EIN - 11-0000007
- Legal Name - Card Haven Inc
- DBA/ABN - Todd's Playroom
- Address - 155 Main Street Suite 100 Portland ME 04101

Business Representative (ReturnHeaderState):

- Name - Todd Hires
- Title - President
- Signature Date - 04/25/2018

Conditions/Header:

- Not Consolidated
- Calendar Tax Year
- Form OR-37 is filed
- Form 8886 is filed with the IRS
- Federal Form 5471
- Alternative Apportionment
- Contact name and phone number
- Web address
- (A-B) Where incorporated, date incorporated, state domiciled
- (C) When began business activity in Oregon
- (D) Business Activity Code (NAICS)
- (G) Federal waiver tax years
- (I) New business
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Form OR-20-INC Lines:

- 1-19 and 21-25

Schedule OR-ASC-CORP:

- Section A - Additions
 - Codes 176 and 177
 - Enter amount
 - Country Codes
 - Enter two different county codes

- Section B - Subtractions
 - Code 367
 - Amount
 - Country Code
 - Code 370
 - Amount

- Section C - Standard Credit
 - Code
 - Amount

- Section D - Carryforward Credit
 - Enter a code
 - Amounts in all fields

- Section E – Refundable Credit
 - Enter code 890
 - Enter an amount

Schedule OR-AP-1 Lines:

- 15 and 21 (a & b)-22

Schedule OR-AP-2

- Lines: 1, 4-6, 9, and 11

Schedule ES Lines:

- 1-5 and 7-8

Form OR-37 Lines:

- 3a-3d, 16a-16d, 17a-17d, and 21a-21d

Form OR-DRD Lines:

- 11a & 11c, 18a & 18c, 19a & 19c, and 20

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Test Scenario 8 – Form OR-20-INS

Required PDF's:

- AnnualStatement.pdf

Filer:

- EIN - 11-0000008
- Legal Name - ABCD Insurance Inc
- DBA/ABN – XYZ Insurance Corp
- Address - 1539 Walnut Street Philadelphia PA 19102

Business Representative (ReturnHeaderState):

- Name - Mary Todd
- Title - President
- Signature Date - 04/15/2018

Conditions/Header:

- Not Consolidated
- Calendar Tax Year
- Extension
- Form OR-37 is filed
- Federal Form 5471
- Alternative Apportionment
- New Name
- New Address
- Contact name and phone number
- Web address
- (A-B) Where incorporated, date incorporated, state domiciled
- (C) When began business activity in Oregon
- (D) Business Activity Code (NAICS)
- (G) Number of Oregon Corporations
- (I) A prior tax year was changed by the IRS
- (J) First return; New business
- (K) Final return; Dissolved
- (N) Oregon sales amount
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Form OR-20-INS Lines:

- 1-11, 13-30 (enter either line 29 or 30), and 35-38

Schedule OR-ASC-CORP:

- Section A - Additions
 - Codes 176 and 177
 - Enter amount

- Country Codes – enter two different county codes
- Section B - Subtractions
 - Code 367
 - Enter amount
 - Country Code – enter a country code
- Section C - Standard Credit
 - Enter code
 - Enter amount
- Section D - Carryforward Credit
 - Enter a code
 - Amounts in all
- Section E – Refundable Credit
 - Enter code 890
 - Enter an amount

Schedule ES Lines:

- 1-5 and 7-8

Form OR-37 Lines:

- 3a-3d, 16a-16d, 17a-17d, and 21a-21d

Schedule OR-AP-1 Lines:

- All applicable lines

Schedule OR-AP-2 Lines:

- All applicable lines

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Test Scenario 9 – Form OR-20-INS

Required PDF's:

- AnnualStatement.pdf

Filer:

- EIN - 11-0000009
- Legal Name - Top Insurance, Inc.
- Address – 955 Center St NE Salem, OR 97301

Business Representative (ReturnHeaderState):

- Name - Mary Todd
- Title - President
- Signature Date - 04/15/2018

Conditions/Header:

- Not Consolidated
- Calendar Tax Year
- (L) Final return; Withdrawn
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Form OR-20-INS Lines:

- All applicable lines, including line 12

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