

Oregon TY2018 ATS Testing
Corporation Returns

After each submission has passed the initial testing, a PDF of the printed return must be submitted. The printed version will be compared to the e-filed version. You do not need to submit a PDF with each version.

Each PDF should be named with the Test Scenario number. We cannot accept zipped files and have a size limitation of 20 MB for attachments, so it might be necessary to send more than one email with the PDFs.

Please let us know your system limitations when you submit your returns.

Test Scenario 1 – Form OR-20

Federal Form:

- 1120

Required PDF's:

- 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
- Agricultural Co-op checkbox
- Calendar Tax Year
- Extension
- Form FCG-20
- Form 8886
- Form OR-37
- Contact name and phone number
- Email 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
- Line 8 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-ASC-CORP:

- Section A – Additions, enter two codes with amounts
- Section B – Subtractions, enter two codes with amounts
- Section C - Standard Credits, enter two codes with amounts
- Section D - Carryforward Credits, enter two codes and amounts in 'Amounts from prior year', 'Amount awarded this year', and 'Total used this year'

Form OR-37:

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

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 - 03/15/2019

Conditions/Header:

- Not Consolidated
- Amended (if supported)
- IC-DISC checkbox
- Short year Filer: 01/01/2018– 11/30/2018
- Form OR-24
- REIT/RIC checkbox
- Alternative Apportionment
- New Address
- Contact name and phone number
- Email 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:

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

Schedule ES:

- All lines

Schedule OR-ASC-CORP:

- Section B – Subtractions, enter two codes and amounts
- Section E – Refundable Credits, enter two codes and amounts

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)
- Line 22 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-AP-2:

- All lines
- Line 5 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Form OR-DRD:

- Lines 10a, 10c, and 17c

Federal Form 1120:

- Lines 10 and 26

Test Scenario 3 – Form OR-20

Federal Form:

- 1120

Filer:

- EIN - 11-0000003

Conditions/Header:

- Not Consolidated
- GILTI included on federal return
- Airline Processing Instructions
- 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

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 - 04/15/2019

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:

- All applicable lines

Schedule OR-AF:

- Hide 'N Seek Foods

Schedule OR-AP-1:

- All applicable lines

Schedule OR-AP-2:

- All applicable lines

Federal Form 1120:

- Lines 10 and 26

Test Scenario 5 – Form OR-20-S

Federal Form:

- 1120-S

Required PDF's:

- 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 - 11/25/2019

Conditions/Header:

- Excise Tax filer
- Calendar Year filer
- New Name
- New Address
- Extension
- Form 8886
- Form OR-37
- Accounting period change
- Direct debit authorization box checked
- Contact name and phone number
- Email 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
- Line 6 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-ASC-CORP:

- Section A – Additions, enter two codes with amounts
- Section B – Subtraction, enter two codes with amounts
- Section D - Carryforward Credits, enter two codes with amounts in 'Amounts from prior year', 'Amount awarded this year', and 'Total used this year'.

Schedule SM:

- All lines

Form OR-37:

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

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 - 01/15/2019

Conditions/Header:

- Income Tax filer
- Short Year filer 1/01/2018– 09/30/2018
- Amended Return (if supported)
- Form OR-24
- Form FCG-20
- REIT/RIC
- GILTI included on federal return
- Accounting period change
- Alternative Apportionment
- New Name
- Contact name and phone number
- Email 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, 11, 12, 14, 16, 18-19, 21, 27-29

- Line 6 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule ES:

- All lines

Schedule OR-AP-1:

- Lines 1a & 1b -6a & 6b, 9a & 9b, 10a & 10b-12a & 12b, and 13-22 (excluding lines 18-20)
- Line 22 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-AP-2 Lines:

- All lines
- Line 5 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Test Scenario 7 – Form OR-20-INC (Form 201)

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 – Games To Go
- Address - 155 Main Street Suite 100 Portland ME 04101

Business Representative (ReturnHeaderState):

- Name - Todd Hires
- Title - President
- Signature Date - 04/25/2019

Conditions/Header:

- Not Consolidated
- Calendar Tax Year
- Form OR-37 is filed
- Form 8886 is filed with the IRS
- Form OR-37
- GILTI included on federal return
- Alternative Apportionment
- Contact name and phone number
- Email 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
- (L) Limited partner income only
- Direct debit authorization box checked
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Financial Transaction:

- Complete with payment and requested payment date.

Form OR-20-INC:

- Lines 1-19 and 21-25
- Line 6 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-ASC-CORP:

- Section A – Additions, enter two codes with amounts
- Section B – Subtractions, enter two codes with amounts
- Section C - Standard Credits, enter two codes with amounts
- Section D - Carryforward Credits, enter two codes and amounts in 'Amounts from prior year', 'Amount awarded this year', and 'Total used this year'.
- Section E – Refundable Credit, enter code with an amount

Schedule OR-AP-1:

- Lines 15 and 21 (a & b)-22
- Line 22 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-AP-2:

- Lines 1, 4-6, 9, and 11
- Line 5 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule ES:

- All lines

Form OR-37:

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

Form OR-DRD:

- Lines 10a, 10c, and 17c

Test Scenario 8 – Form OR-20-INS

Required PDF's:

- AnnualStatement.pdf
- Federal Form 7004

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 - 04/15/2019

Conditions/Header:

- Not Consolidated
- Calendar Tax Year
- Extension
- Form OR-37
- Alternative Apportionment
- New Name
- New Address
- Contact name and phone number
- Email 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
- (L) Oregon sales amount
- Direct debit authorization box checked
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Financial Transaction:

- Complete with payment and requested payment date

Form OR-20-INS:

- Lines 1-11, 13-28, and 30-34
- Line 13 must have four digits after the decimal - round to four decimal places, not the nearest whole number

Schedule OR-ASC-CORP:

- Section A – Additions, enter two codes with amounts
- Section B – Subtractions, enter two codes with amounts
- Section C - Standard Credits, enter two codes with amounts
- Section D - Carryforward Credits, enter two codes and amounts in 'Amounts from prior year', 'Amount awarded this year', and 'Total used this year'
- Section E – Refundable Credit, enter code with an amount

Schedule ES:

- All lines

Form OR-37:

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

Schedule OR-AP-1:

- All applicable lines

Schedule OR-AP-2:

- All applicable lines

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 - 04/15/2019

Conditions/Header:

- Not Consolidated
- GILTI is included on federal return
- Calendar Tax Year
- (K) Final return; Withdrawn
- Signature box is checked
- Return is professionally prepared; Preparer License # Required

Form OR-20-INS:

- All applicable lines, including line 12