

CLEAN ENERGY SURCHARGE **FORM CES-2020**
 City of Portland Business Income Tax



DUE DATE: 15th day of 4th month after taxable year end

TAX YEAR	
From: _____ to _____	
ACCOUNT #	FEIN
CES-	
<input type="checkbox"/> FEDERAL EXTENSION	<input type="checkbox"/> CEASED BUSINESS <i>(attach explanation)</i>
<input type="checkbox"/> AMENDED RETURN	

OFFICIAL USE ONLY

ENTITY FILING IN OREGON	<input type="checkbox"/> Check if merged/reorganized		NAICS
MAILING ADDRESS <input type="checkbox"/> Check if changed	CITY	STATE/PROV	ZIP CODE
NAME OF PARENT CORPORATION, IF APPLICABLE		FEIN OF PARENT CORP.	
IF MERGED / REORGANIZED, ENTER NAME OF PREVIOUS BUSINESS		FEIN OF PREVIOUS BUSINESS	

Filing Requirement

	Everywhere	City of Portland
1. Gross Income <i>(as reported on Lines 18a/18b of your Combined Tax Return)</i>	1. <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Large Retailer Determination

2. Less: Non-Retail Sales..... <i>Enter as negative sum →</i>	2. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>	<input "="" style="width: 100px; height: 20px;" type="text" value="("/>
3. Total Retail Sales* (Line 1 minus Line 2)	3. <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

Retail Gross Revenue Calculation

4. Less: Retail Sales of Qualified Groceries <i>Enter as negative sum →</i>	4. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
5. Less: Retail Sales of Qualified Medicine or Drugs	5. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
6. Less: Retail Sales of Qualified Health Care Services	6. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
7. Less: Retail Sales of Qualified Residential Garbage and Recycling Services	7. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
8. Less: Retail Sales from the administration of Qualified Retirement Plans	8. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
9. Less: Portland Business License Tax Paid	9. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
10. Retail Gross Revenue Subject to Surcharge (sum of Lines 3 through 9)	10. <input style="width: 100px; height: 20px;" type="text"/>
11. Clean Energy Surcharge (Line 10 x .01)	11. <input style="width: 100px; height: 20px;" type="text"/>
12. Prepayments <i>Enter as negative sum →</i>	12. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
13. Penalty	13. <input style="width: 100px; height: 20px;" type="text"/>
14. Interest	14. <input style="width: 100px; height: 20px;" type="text"/>
15. Clean Energy Surcharge Due or (Overpaid)	15. <input style="width: 100px; height: 20px;" type="text"/>
16a. Amount of any overpayment reported on Line 15 you would like refunded to you	16a. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>
16b. Amount of any overpayment reported on Line 15 you would like credited to tax year 2021	16b. <input "="" style="width: 100px; height: 20px;" type="text" value="("/>

*Fill in the amount of motor vehicle fuel sales included in Portland Retail Sales on line 3:

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 may be subject to civil penalties of up to \$500.

Signature of Preparer _____ Date _____

Preparer's Name _____ Preparer Phone Number () _____

Mail FORM CES (and payment, if applicable) to: Revenue Division, 111 SW Columbia St. Suite 600, Portland, OR 97201-5840
Phone (503) 823-5157 | FAX (503) 823-5192 | TDD (503) 823-6868