

2022 Form METBIT-20S  Metro

Metro Supportive Housing Services Business Income Tax Return for S-Corporations

Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: 4/18/2023)

File online at Pro.Portland.gov

Tax Year	Official Use Only
From: _____ to _____	

Account # SHB-	FEIN	NAICS
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Name _____

Mailing Address <input type="checkbox"/> Check if changed	City	State/Prov	ZIP Code
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Initial Return
 Final Return (*attach explanation*)
 Amended Return
 Extension Filed

Part I - Gross Income and Apportionment

1. Metro gross income	1	
2. Total gross income	2	
3. Apportionment percentage (line 1 ÷ 2) (Cannot be more than 1.0)	3	

Part II - Metro Business Income Tax

Attach required Federal and Oregon tax pages. See instructions.

4. Ordinary income or (loss) from Form 1120-S	4	
5. Add-back of deductions not allowed	5	
6. Schedule K (lines 2-12) and Oregon modifications from Form 20-S	6	
7. Subject net income (sum of line 4 through line 6)	7	
8. Metro apportioned net income (line 7 x line 3)	8	
9. Net operating loss deduction (max 75% of line 8)	9	()
10. Income subject to tax (sum of line 8 and line 9)	10	
11. Metro Business Income tax (line 10 x 1%) Minimum \$100	11	
12. Prepayments	12	()
13. Penalty	13	
14. Interest	14	
15. Balance due or (overpayment)	15	

Part III - Tax Due / Refund

16. If the amount on line 15 is negative, this is the amount you overpaid	16	()
Please enter the amount from line 16 you want:		
a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov)	16a	
b. Applied to your 2023 Supportive Housing Services tax	16b	
17. If the amount on line 15 is positive, this is the amount you owe	17	

Part IV - Signature

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 Taxfiler _____ *Date* _____

Taxfiler Email _____ *Taxfiler Phone Number ()* _____

Signature of Preparer _____ *Date* _____

Preparer's Name _____ *Preparer Phone Number ()* _____

Mailing Instructions**If a payment is included, send to:**

Revenue Division - Metro SHS Tax
PO Box 9250
Portland, OR 97207-9250

Make check payable to Metro SHS Tax

If a payment is not included, send to:

Processing - Metro SHS Tax
111 SW Columbia St., Suite 600
Portland, OR 97201-5840

Phone (503) 823-5157

FAX (503) 823-5192

TDD (503) 823-6868
