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2022 Form METBIT-65

Metro

Metro Supportive Housing Services Business Income Tax Return for Partnerships

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
From: _____ to _____

Official Use Only

Account # SHB-	FEIN	NAICS

Name

Mailing Address ☐ Check if changed	City	State/Prov	ZIP Code

☐ Initial Return ☐ Final Return *(attach explanation)* ☐ Amended Return ☐ Extension Filed

Part I - Gross Income and Apportionment

1.	Metro gross income	1	0
2.	Total gross income	2	0
3.	Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	0.00000000

Part II - Metro Business Income Tax

Attach required Federal and Oregon tax pages. See instructions.

4.	Ordinary income or (loss) from Form 1065	4	0
5.	Add-back of deductions not allowed	5	0
6.	Schedule K (lines 2-3, 5-13) and Oregon modifications from Form 65	6	
7.	Subject net income (sum of line 4 through line 6)	7	0
8.	Metro apportioned net income (line 7 x line 3)	8	0
9.	Net operating loss deduction (max 75% of line 8)	9	0
10.	Income subject to tax (sum of line 8 and line 9)	10	0
11.	Metro Business Income tax (line 10 x 1%) **Minimum $100**	11	0
12.	Prepayments	12	0
13.	Penalty	13	0
14.	Interest	14	0
15.	Balance due or (overpayment)	15	0

Part III - Tax Due / Refund

16.	If the amount on line 15 is negative, this is the amount you overpaid	16	0
	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	0
	b. Applied to your 2023 Supportive Housing Services tax	16b	0
17.	If the amount on line 15 is positive, this is the amount you owe	17	0

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:	**If a payment is not included**, send to:
Revenue Division - Metro SHS Tax PO Box 9250 Portland, OR 97207-9250 Make check payable to Metro SHS Tax	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**