

**2023 Form MET-40**  Metro

**Metro Supportive Housing Services  
Personal Income Tax Return  
Full-Year Resident**

Tax Year 2023 | Due Date: April 15, 2024

File online at [Pro.Portland.gov](https://Pro.Portland.gov)

Account #

SHP-

Official Use Only

Filing Status: (check one)

- SINGLE: Single                       JOINT: Married filing jointly                       JOINT: Qualifying surviving spouse  
 SINGLE: Married filing separately                       JOINT: Head of household

Taxpayer's Last Name <input type="checkbox"/> Deceased	First Name and Initial	Social Security Number	
Spouse's Last Name (if filing joint return) <input type="checkbox"/> Deceased	First Name and Initial	Social Security Number	
Residence Address <input type="checkbox"/> Check if changed	City	State/Prov	ZIP Code
Mailing Address (if different than residence address) <input type="checkbox"/> Check if changed	City	State/Prov	ZIP Code

- Initial Return                       Final Return                       Amended Return                       Extension Filed

**Part I - Metro Taxable Income**

Attach required federal and Oregon tax pages. See instructions.

1. Oregon taxable income (Form OR-40, line 19) .....	1	
2. Less exempt income (see instructions).....	2	( )
3. Previously taxed income modification (line B-2 of Schedule PTI, if applicable. See instructions) .	3	
4. Metro income threshold exemption (\$125K for single; \$200K for joint) .....	4	( )
5. Income subject to tax .....	5	

**Part II - Metro Supportive Housing Services Tax**

6. Tax (line 5 x 1%) .....	6	
7. Credit for taxes paid to another state (see instructions) .....	7	( )
8. Employer withholding (line A-2 of Schedule WH on page 2. Attach W-2(s)) .....	8	( )
9. Prepayments .....	9	( )
10. Penalty .....	10	
11. Interest .....	11	
12. Balance due or (overpayment).....	12	

**Part III - Tax Due / Refund**

13. If the amount on line 12 is negative, this is the amount you overpaid .....	13	( )
Enter the amount from line 13 you want (the selection is irrevocable):		
a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov.) .....	13a	
b. Applied as an estimated payment to the next open tax year .....	13b	
14. If the amount on line 12 is positive, this is the amount you owe .....	14	

**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 \_\_\_\_\_  
 Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_  
 Taxfiler Email \_\_\_\_\_ Taxfiler Phone Number ( ) \_\_\_\_\_  
 Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_  
 Preparer's Name \_\_\_\_\_ Preparer's License Number \_\_\_\_\_

**Mailing Instructions**

<p><b>If a payment is included</b>, send to:                  Revenue Division - Metro SHS Tax                  PO Box 9250                  Portland, OR 97207-9250                  Make check payable to Metro SHS Tax</p>	<p><b>If a payment is not included</b>, send to:                  Processing - Metro SHS Tax                  111 SW Columbia St. Suite 600                  Portland, OR 97201-5840</p>
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Phone (503) 865-4748      FAX (503) 823-5192      TDD (503) 823-6868

**Schedule WH — W-2 Withholding Summary for Metro SHS Tax**

Complete Schedule WH if you have a employer withholding to report on line 8 of the return. See instructions. Attach W-2(s).

A-1.	(a)	(b)	(c)	(d)	(e)
	Employee SSN (W-2 box a)	Employer Name (W-2 box c)	Employer FEIN (W-2 box b)	Local Wages, Tips, Etc. (W-2 box 18)	Local Income Tax Withheld (W-2 box 19)
1					
2					
3					
4					

Check box if you have additional employer withholdings, and submit statement.

A-2. Total sum from column A-1(e). Enter this amount on line 8 of the return ..... **A-2**

**Schedule PTI — Previously Taxed Income Modification**

Complete Schedule PTI only if you have a previously taxed income modification to report on line 3 of the return. See instructions.

B-1.	(a)	(b)	(c)	(d)	(e)
	Tax ID of Pass-Through Entity	Name of Pass-Through Entity	Income Subject to Tax from Pass-Through Entity	Ownership Percentage (Enter 100% as 1.000000)	Modifications Claimed for Previously Taxed Income and Losses
1					
2					
3					
4					
5					

Check box if one of these entities elected the actual method for previously taxed income.  
 Check box if you have additional previously taxed income modifications, and submit statement.

B-2. Total sum from column B-1(e). Enter this amount on line 3 of the return ..... **B-2**