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# 2023 Form METBIT-20

Metro

## Metro Supportive Housing Services Business Income Tax Return for Corporations

Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: 4/15/2024)

File online at Pro.Portland.gov

Tax Year

From: _____ to _____

Official Use Only

| Account # SHB- | FEIN | NAICS |
|---|---|---|
| | | |

Entity Filing in Oregon ☐ Check if merged/reorganized

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

| Name of Parent Corporation, if Applicable | FEIN of Parent Corporation |
|---|---|
| | |

| If Merged/Reorganized, Enter Name of Previous Business | FEIN of Previous Business |
|---|---|
| | |

☐ 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 | 0.000000 |

## Part II - Metro Business Income Tax

**Attach required federal and Oregon tax pages. See instructions.**

| | | |
|---|---|---|
| 4. Net income or (loss) from Form OR-20 | 4 | 0 |
| 5. Add-back of deductions not allowed | 5 | 0 |
| 6. Other additions or subtractions | 6 | 0 |
| 7. Non-business income subtraction (see instructions) | 7 | 0 |
| 8. Subject net income (sum of line 4 through line 7) | 8 | 0 |
| 9. Metro apportioned net income (line 8 x line 3) | 9 | 0 |
| 10. Add-back of non-business income allocated to Metro (see instructions) | 10 | 0 |
| 11. Total business income taxable to Metro (sum of line 9 and line 10) | 11 | 0 |
| 12. Net operating loss deduction (max 75% of line 11) | 12 | 0 |
| 13. Income subject to tax (sum of line 11 and line 12) | 13 | 0 |
| 14. Metro business income tax (line 13 x 1%) **Minimum $100** | 14 | 0 |
| 15. Prepayments | 15 | 0 |
| 16. Penalty | 16 | 0 |
| 17. Interest | 17 | 0 |
| 18. Balance due or (overpayment) | 18 | 0 |

## Part III - Tax Due / Refund

| | | |
|---|---|---|
| 19. If the amount on line 18 is negative, this is the amount you overpaid | 19 | 0 |
| Enter the amount from line 19 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) | 19a | 0 |
| b. Applied as an estimated payment to the next open tax year | 19b | 0 |
| 20. If the amount on line 18 is positive, this is the amount you owe | 20 | 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's License Number* P000000000

## Mailing Instructions

| **If a payment is included**, send to: | **If a payment is not included**, send to: |
|---|---|
| Revenue Division - Metro SHS Tax<br>PO Box 9250<br>Portland, OR 97207-9250<br><br>Make check payable to Metro SHS Tax | Processing - Metro SHS Tax<br>111 SW Columbia St., Suite 600<br>Portland, OR 97201-5840 |

**Phone (503) 823-5157** **FAX (503) 823-5192** **TDD (503) 823-6868**