

**2023 Form METBIT-41**  
**Metro Supportive Housing**  
**Services Business Income Tax**  
**Return for Trusts & Estates**



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

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

Tax Year	Official Use Only
From: _____ to _____	

Account #	FEIN	NAICS
SHB-		

Name \_\_\_\_\_

Mailing Address	<input type="checkbox"/> 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	[ ]
2. Total gross income .....	2	[ ]
3. Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0) .....	3	[ ]

**Part II - Metro Business Income Tax**

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

4. Net income or (loss) before distribution from Form 1041 .....	4	[ ]
5. Add-back of deductions not allowed .....	5	[ ]
6. Other additions or subtractions .....	6	[ ]
7. Non-business income subtraction (see instructions) .....	7	( [ ] )
8. Subject net income (sum of line 4 through line 7) .....	8	[ ]
9. Metro apportioned net income (line 8 x line 3) .....	9	[ ]
10. Add-back of non-business income allocated to Metro (see instructions) .....	10	[ ]
11. Total business income taxable to Metro (sum of line 9 and line 10) .....	11	[ ]
12. Net operating loss deduction (max 75% of line 11) .....	12	( [ ] )
13. Income subject to tax (sum of line 11 and line 12) .....	13	[ ]
14. Metro business income tax (line 13 x 1%) <b>Minimum \$100</b> .....	14	[ ]
15. Prepayments .....	15	( [ ] )
16. Penalty .....	16	[ ]
17. Interest .....	17	[ ]
18. Balance due or (overpayment) .....	18	[ ]

**Part III - Tax Due / Refund**

19. If the amount on line 18 is negative, this is the amount you overpaid .....	19	( [ ] )
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	[ ]
b. Applied as an estimated payment to the next open tax year .....	19b	[ ]
20. If the amount on line 18 is positive, this is the amount you owe .....	20	[ ]

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**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 \_\_\_\_\_

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**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**

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