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2023 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: 4/15/2024)

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	0.000000

Part II - Metro Business Income Tax

Attach required federal and Oregon tax pages. See instructions.

☐ Actual PTI modification election (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	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 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**