

2023 Form METBIT-65



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
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.

[] Actual PTI modification election (see instructions)
4. Ordinary income or (loss) from Form 1065 4
5. Add-back of deductions not allowed 5
6. Schedule K (lines 2-3, 5-13) and Oregon modifications from Form 65 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%) Minimum \$100 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

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 _____

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
