

No Staples

2024 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: April 15, 2025)

File online at Pro.Portland.gov

Tax Year From: _____ to _____	Official Use Only
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Account # SHB- Name	FEIN	NAICS
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Mailing Address <input type="checkbox"/> Check if changed	City	State/Prov	ZIP Code
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Initial Return
 Final Return (attach explanation)
 Amended Return
 Extension Filed

Part I - Sales and Apportionment

1. Metro sales	1	<input style="width:100%" type="text"/>
2. Total sales	2	<input style="width:100%" type="text"/>
3. Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	<input style="width:100%" type="text"/>

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	<input style="width:100%" type="text"/>
5. Add-back of deductions not allowed	5	<input style="width:100%" type="text"/>
6. Schedule K (lines 2-3, 5-13) and Oregon modifications from Form 65	6	<input style="width:100%" type="text"/>
7. Non-business income or loss subtraction (see instructions)	7	(<input style="width:90%" type="text"/>)
8. Subject net income (sum of line 4 through line 7)	8	<input style="width:100%" type="text"/>
9. Metro apportioned net income (line 8 x line 3)	9	<input style="width:100%" type="text"/>
10. Add-back of non-business income or loss allocated to Metro (see instructions)	10	<input style="width:100%" type="text"/>
11. Total business income taxable to Metro (sum of line 9 and line 10)	11	<input style="width:100%" type="text"/>
12. Net operating loss deduction (max 75% of line 11)	12	(<input style="width:90%" type="text"/>)
13. Income subject to tax (sum of line 11 and line 12)	13	<input style="width:100%" type="text"/>
14. Metro business income tax (line 13 x 1%) Minimum \$100	14	<input style="width:100%" type="text"/>
15. Prepayments	15	(<input style="width:90%" type="text"/>)
16. Penalty	16	<input style="width:100%" type="text"/>
17. Interest	17	<input style="width:100%" type="text"/>
18. Balance due or (overpayment)	18	<input style="width:100%" type="text"/>

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

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