No Staples

Schedule ASC

Metro Supportive Housing Services Personal Income Tax Return Non-Resident / Part-Year Resident

Tax Year Ending Date (MM/DD/YYYY)

This space and QR code for official use only

Taxpayer's Last Name | First Name and Initial | Social Security Number

Spouse's Last Name (if filing joint return) | First Name and Initial | Social Security Number

Instructions: Complete Schedule ASC only if you submitted Schedule OR-ASC or Schedule OR-ASC-NP with your Oregon Form OR-40, Form OR-40-P, or Form OR-40-N. See instructions for Form MET-40-NP.

Section 1: Adjustments (codes 001-099)

	Code	Federal column (F)	Metro column (M)
1a.		(.00)	(.00)
1b.		(.00)	(.00)
1c.		(.00)	(.00)
1d.		(.00)	(.00)
1e.		(.00)	(.00)
	1f. Totals:	(.00)	(.00)

Section 2: Additions (codes 100-199)

	Code	Federal column (F)	Metro column (M)
2a.		.00	.00
2b.		.00	.00
2c.		.00	.00
2d.		.00	.00
2e.		.00	.00
	2f. Totals:	.00	.00

Section 3: Subtractions (codes 300-399)

	Code	Federal column (F)	Metro column (M)
3a.		(.00)	(.00)
3b.		(.00)	(.00)
3c.		(.00)	(.00)
3d.		(.00)	(.00)
3e.		(.00)	(.00)
	3f. Totals:	(.00)	(.00)

Section 4: Modifications (codes 600-699)

	Code	Oregon column (O)
4a.		.00
4b.		.00
4c.		.00
4d.		.00
4e.		.00
	4f. Total:	.00

You must include this schedule with your Form MET-40-NP