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Schedule INC

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: Use this schedule to calculate your Metro taxable income to report on line 1 of Form MET-40-NP and allowable deductions on line 3 of Form MET-40-NP.

Income

		Federal column (F)	Metro column (M)
1. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z	1.	0	0
2. Interest income from Form 1040 or 1040-SR, line 2b	2.	0	0
3. Dividend income from Form 1040 or 1040-SR, line 3b	3.	0	0
4. State and local income tax refunds from federal Schedule 1, line 1	4.	0	0
5. Alimony received from federal Schedule 1, line 2a	5.	0	0
6. Business income or loss from federal Schedule 1, line 3	6.	0	0
7. Capital gain or loss from Form 1040 or 1040-SR, line 7	7.	0	0
8. Other gains or losses from federal Schedule 1, line 4	8.	0	0
9. IRA distributions from Form 1040 or 1040-SR, line 4b	9.	0	0
10. Pensions and annuities from Form 1040 or 1040-SR, line 5b	10.	0	0
11. Schedule E income or loss from federal Schedule 1, line 5	11.	0	0
12. Farm income or loss from federal Schedule 1, line 6	12.	0	0
13. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9	13.	0	0
14. Total income (sum of line 1 through line 13)	14.	0	0

Adjustments

15. IRA or SEP and SIMPLE contributions from federal Schedule 1, lines 16 and 20	15.	0	0
16. Educator expenses deduction from federal Schedule 1, line 11	16.	0	0
17. Moving expenses for members of the Armed forces from federal Schedule 1, line 14.	17.	0	0
18. Deduction for self-employment tax from federal Schedule 1, line 15	18.	0	0
19. Self-employed health insurance deduction from federal Schedule 1, line 17	19.	0	0

Adjustments (*continued*)

		Federal column (F)	Metro column (M)
20. Alimony paid from federal Schedule 1, line 19a	20.	0	0
21. Total adjustments from Schedule MET-40-NP ASC, section 1	21.	0	0
22. Total adjustments (sum of line 15 through line 21)	22.	0	0
23. Income after adjustments (sum of lines 14 and 22)	23.	0	0

Additions

24. Total additions from Schedule MET-40-NP ASC, section 2	24.	0	0
25. Income after additions (sum of lines 23 and 24)	25.	0	0

Subtractions

26. Social Security and tier 1 Railroad Retirement Board benefits included on line 13F	26.	0	
27. Oregon PERS or certain federal retirement benefits included on line 10F	27.	0	
28. Total subtractions from Schedule MET-40-NP ASC, section 3	28.	0	0
29. Income after subtractions (sum of line 25 through line 28). Enter line 29M on Form MET-40-NP, line 1	29.	0	0

Metro Percentage

30. Metro percentage (line 29M ÷ line 29F; not more than 100.0%); enter on line 35	30.	0.00000

Allowable Metro Deduction

31. Oregon itemized or standard deduction	31.	0
32. Federal tax liability subtraction	32.	0
33. Total Oregon modifications from Schedule MET-40-NP ASC, Section 4	33.	0
34. Sum of line 31 through line 33	34.	0
35. Metro percentage	35.	0.000000
36. Line 34 multiplied by line 35	36.	0
37. Charitable Art donation	37.	0
38. Deduction allowed (sum of lines 36 and 37). Enter on Form MET-40-NP, line 3	38.	0

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