

2022 Form METBIT-20S  Metro

Metro Supportive Housing Services Business Income Tax Return for S-Corporations

Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: 4/18/2023)

File online at Pro.Portland.gov

| | |
|----------------------|-------------------|
| Tax Year | Official Use Only |
| From: _____ to _____ | |

| | | |
|-------------------|------|-------|
| Account # SHB- | FEIN | NAICS |
|-------------------|------|-------|

Name _____

| | | | |
|---|------|------------|----------|
| Mailing Address <input type="checkbox"/> 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 ÷ 2) (Cannot be more than 1.0) | 3 | |

Part II - Metro Business Income Tax

Attach required Federal and Oregon tax pages. See instructions.

| | | |
|--|-----------|--|
| 4. Ordinary income or (loss) from Form 1120-S | 4 | |
| 5. Add-back of deductions not allowed | 5 | |
| 6. Schedule K (lines 2-12) and Oregon modifications from Form 20-S | 6 | |
| 7. Subject net income (sum of line 4 through line 6) | 7 | |
| 8. Metro apportioned net income (line 7 x line 3) | 8 | |
| 9. Net operating loss deduction (max 75% of line 8) | 9 | |
| 10. Income subject to tax (sum of line 8 and line 9) | 10 | |
| 11. Metro Business Income tax (line 10 x 1%) Minimum \$100 | 11 | |
| 12. Prepayments | 12 | |
| 13. Penalty | 13 | |
| 14. Interest | 14 | |
| 15. Balance due or (overpayment) | 15 | |

Part III - Tax Due / Refund

| | | |
|---|------------|--|
| 16. If the amount on line 15 is negative, this is the amount you overpaid | 16 | |
| Please enter the amount from line 16 you want: | | |
| a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov) | 16a | |
| b. Applied to your 2023 Supportive Housing Services tax | 16b | |
| 17. If the amount on line 15 is positive, this is the amount you owe | 17 | |

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 Phone 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
