

**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](http://Pro.Portland.gov)

Tax Year	Official Use Only
From: _____ to _____	

Account # SHB-	FEIN	NAICS
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Name \_\_\_\_\_

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 - Gross Income and Apportionment**

1. Metro gross income .....	<b>1</b>	
2. Total gross income .....	<b>2</b>	
3. Apportionment percentage (line 1 ÷ 2) (Cannot be more than 1.0) .....	<b>3</b>	

**Part II - Metro Business Income Tax**

**Attach required Federal and Oregon tax pages. See instructions.**

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

**Part III - Tax Due / Refund**

16. If the amount on line 15 is negative, this is the amount you overpaid .....	<b>16</b>	(                      )
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) .....	<b>16a</b>	
b. Applied to your 2023 Supportive Housing Services tax .....	<b>16b</b>	
17. If the amount on line 15 is positive, this is the amount you owe .....	<b>17</b>	

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**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 ( ) \_\_\_\_\_

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**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**

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