2022 Form MC-40

Multnomah County Preschool for All Personal Income Tax Return **Full-Year Resident**

Tax Year 2022 | Due Date: April 18, 2023

·
File online at Pro.Portland.gov
Account #
MCP-

Acc	ount #	Official Use Only								
МС	P-									
Filin	ng Status: (check one)									
	3	INT: Married filing jointly								
Tax	payer's Last Name	First Name and Ir	nitial	Social Security	Social Security Number Social Security Number					
Spc	ouse's Last Name (if filing joint return) Deceased	First Name and Ir	nitial	Social Security						
Res	idence Address		City	State/Prov ZIP Cod						
Mai	ling Address (if different than residence address)	Check if changed	City	State/Prov	ZIP Code					
[☐ Initial Return ☐ Final Return		Amended Return	Extensi	on Filed					
1. 2. 3. 4. 5.	Oregon Taxable Income (Form OR-40, line 19)									
 Par	t II - Multnomah County Preschool for All	Тах								
13.	Tier 1 tax (line 5a x 1.5%) Tier 2 tax (line 5b x 1.5%) Total tax (sum of lines 6 and 7) Credit for taxes paid to another state (see instruction Employer withholding (line A-2 of Schedule WH on Prepayments Penalty Interest Balance due or (overpayment).	ns)page 2. Attach W-	2(s))	7 8 9 10 11 12 13						
Par	t III - Tax Due / Refund									
15.16.	If the amount on line 14 is negative, this is the amo Please enter the amount from line 15 you want: a. Refunded to you (for direct deposit of your refund, file b. Applied to your 2023 Preschool for All tax If the amount on line 14 is positive, this is the amount of the a	e your tax return online	at Pro.Portland.gov.)	15a 15b						
10.	in the amount on the 17 is positive, this is the affice	41.11 y O G O VV C								

Par	t IV - Signature								
		s that the information given ete returns may be subject				is authorized to	act as	s a representative of	
Sig	nature of Taxfiler				Date				
Sig	nature of Spouse				Date	 			
Тах	xfiler Email				Taxfiler Pho	one Number ()		
Sig	nature of Preparer				Date				
Pre	Preparer's Name				Preparer Phone Number ()				
Ma	iling Instructions								
lf	a payment is include	ded, send to:		If a payme	ent is not included, send to:				
	PO Box 9250 111				cessing - Multnomah County PFA Tax SW Columbia St. Suite 600 land, OR 97201-5840				
М	ake check payable to	o Multnomah County PF	A Tax						
	Phon	e (503) 865-4748	FAX (503)	823-5192		TDD (503) 823	-6868		
Sch	edule WH — W-2	Withholding Summar	y for Multn	omah Coui	nty PFA Ta	х			
Con	mplete Schedule WH if	you have employer withho	lding to report	on line 10 of t	the return. Se	ee instructions.			
A-1	A-1. (a) (b)			(c)		(d)		(e)	
Employee SSN		Employer Name		Emp	Employer FEIN		, Tips,	Local Income Tax Withheld	
1									
2									
3									
4									
			Check box	if you have a	dditional emp	loyer withholdi	ings, a	nd submit statement.	
A-2	. Total sum from colun	nn A-1(e). Enter this amour	nt on line 10 of	f the return		A-2			
		Through Income Mod		odification to ı	report on line	3 of the return	n. See i	instructions.	
B-1	. (a)	(b)	(0	(d)		(d)	(e)		
Tax ID of Pass-Through Entity		Name of Pass-Through Entity	Income Subject to Tax from Pass-Through Entit		Ownership Percentage (Enter 100% as 1.000000)		Modification Claimed for Pass-Through Income		
1									
2									
3									
4									
5									
		☐ Check bo	x if you have a	additional pass	s-through inc	ome modificati	ions, a	nd submit statement.	
B-2	. Total sum from colum	nn B-1(e). Enter this amour	-	-	_		,		
		> 1,0,1 Entor and announ				5-2			