# 2022 Form MET-40-NP Metro



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

Tax Year 2022 | Due Date: April 18, 2023

File online at Pro Portland gov

TILE	offille at <u>Pro.Portiand.gov</u>					
Acc	ount #	1				
SHI	o <u>.</u>	Official Use Only				
Filin	g Status: (check one)	_				
	<del>-</del>	INT: Married filing INT: Head of hous		Qualifying survivir	ng spouse	
	vidual Income Tax Form Filed with Oregon: (check o Form OR-40  ☐ Form OR-40-P   ☐ Form OI		Metro Jurisdiction Resid ☐ Non-resident ☐	ency: (check one) Part-year resider		
Tax	payer's Last Name	First Name and Ir	nitial	Social Security	Number	
Spo	use's Last Name (if filing joint return)   Deceased	First Name and Ir	nitial	Social Security	Number	
Res	idence Address		City	State/Prov	ZIP Code	
Mail	ing Address (if different than residence address)	Check if changed	City	State/Prov	ZIP Code	
	☐ Initial Return ☐ Final Return		Amended Return	☐ Extension	on Filed	
ar	t I - Metro Taxable Income					
1.	Metro taxable income (Schedule INC, line 29M)			. 1		
2.	Pass-through income modification (line B-2 of Sche	edule PTI, if applica	able. See instructions)	. 2		
3.	Less allowable deductions (Schedule INC, line 38)			. 3 (	)	
4.	Metro income threshold exemption (\$125K for single	gle; \$200K for joint) 4			)	
5.	Income subject to tax			. 5		
Par	t II - Metro Supportive Housing Services Ta					
6.	Tax (line 5 x 1%)					
7.	Credit for taxes paid to another state (see instruction			,		
8.	Employer withholding (line A-2 of Schedule WH on		, ,,	,		
9.	Prepayments			. 9		
	Penalty			10		
	Interest					
12.	Balance due or (overpayment)			. 12		
Par	t III - Tax Due / Refund					
13.	If the amount on line 12 is negative, this is the amo	unt you overpaid		13 (	)	
	Please enter the amount from line 13 you want:					
	a. Refunded to you (for direct deposit of your refund, file	-	- '			
	b. Applied to your 2023 Supportive Housing Serv					
14.	If the amount on line 12 is positive, this is the amou	ınt you owe		14		

## Part IV - Schedule INC

Complete Schedule INC to calculate your Metro taxable income to report on line 1 of the return and allowable deductions on line 3.

1	NCOME		Federal column (F)	Metro column (M)
1.	Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z $\dots$	1		
2.	Interest income from Form 1040 or 1040-SR, line 2b	2		
3.	Dividend income from Form 1040 or 1040-SR, line 3b	3		
4.	State and local income tax refunds from federal Schedule 1, line 1	4		
5.	Alimony received from federal Schedule 1, line 2a	5		
6.	Business income or loss from federal Schedule 1, line 3	6		
7.	Capital gain or loss from Form 1040 or 1040-SR, line 7	7		
8.	Other gains or losses from federal Schedule 1, line 4	8		
9.	IRA distributions from Form 1040 or 1040-SR, line 4b	9		
10.	Pensions and annuities from Form 1040 or 1040-SR, line 5b	10		
11.	Schedule E income or loss from federal Schedule 1, line 5	11		
12.	Farm income or loss from federal Schedule 1, line 6	12		
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		
14.	Total income (sum of line 1 through line 13)	14		
	ADJUSTMENTS			
15.	IRA or SEP and SIMPLE contributions from federal Schedule 1, lines 16 and 20	15	( )	( )
16.	Educator expenses deduction from federal Schedule 1, line 11	16	( )	( )
17.	Moving expenses for members of the Armed forces from federal Schedule 1, line 14	17	( )	( )
18.	Deduction for self-employment tax from federal Schedule 1, line 15	18	( )	
19.	Self-employed health insurance deduction from federal Schedule 1, line 17	19	( )	
20.	Alimony paid from federal Schedule 1, line 19a	20	( )	
21.	Total adjustments from Schedule MET-40-NP ASC, section 1	21	( )	
22.	Total adjustments (sum of line 15 through line 21)	22	( )	( )
23.	Income after adjustments (sum of line 14 and line 22)	23		
	ADDITIONS			
24.	Total additions from Schedule MET-40-NP ASC, section 2	24		
25.	Income after additions (sum of line 23 and line 24)	25		
	SUBTRACTIONS			
26.	Social Security and tier 1 Railroad Retirement Board benefits included on line 13F	26	( )	
	Oregon PERS or certain federal retirement benefits included on line 10F		( )	
28.	Total subtractions from Schedule MET-40-NP ASC, section 3	28	( )	( )
	Income after subtractions (sum of line 25 through line 28). Enter line 29M on			
	Form MET-40-NP, line 1	29		
	METRO PERCENTAGE			
30.	Metro percentage (line 29M ÷ line 29F; not more than 100.0%); enter on line 35	30		

#### Schedule INC (continued) ALLOWABLE METRO DEDUCTION ) ) 38. Deduction allowed (sum of line 36 and line 37). Enter on Form MET-40-NP, line 3....... **38** Part V - 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 \_\_\_\_\_ Signature of Spouse Date Taxfiler Email \_\_\_\_\_ Taxfiler Phone Number ( Signature of Preparer Preparer's Name \_\_\_\_\_ Preparer Phone Number ( Mailing Instructions If a payment is not included, send to: If a payment is included, send to: Revenue Division - Metro SHS Tax Processing - Metro SHS Tax PO Box 9250 111 SW Columbia St. Suite 600 Portland, OR 97207-9250 Portland, OR 97201-5840 Make check payable to Metro SHS Tax Phone (503) 865-4748 FAX (503) 823-5192 TDD (503) 823-6868 Schedule WH — W-2 Withholding Summary for Metro SHS Tax Complete Schedule WH if you have employer withholding to report on line 8 of the return. See instructions. A-1. (d) (e) **Local Income Tax** Local Wages, Tips, **Employee SSN Employer Name Employer FEIN** Withheld Etc.

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		☐ Check b	oox if you have addit	tional employer withholo	dings, and submit statement.
A-2	2. Total sum from columi	n A-1(e). Enter this amount on line 8	of the return	A-2	

1

3



# Metro Supportive Housing Services Personal Income Tax

Account #		Tax Year				
SHP-						
axpayer's Last Name		First Name and Initial	First Name and Initial  First Name and Initial		Social Security Number  Social Security Number	
Spouse's Last Name (if fili	ng joint return)	First Name and Initial				
	Through Income Mod					
omplete Schedule PTI on	ly if you have a pass-through	gh income modification to re	eport on line 2 of t	he MET-4	0-NP return. See instructi	
Tax ID of Pass-Through Entity	Name of Pass-Through Entity	Income Subject to Tax from Pass-Through Entity	Ownersh Percentag (Enter 100% as 1	ge	Modification Claimed for Pass-Through Income	
1						
)						
1						
5						
	nn B-1(e). Enter this amou	x if you have additional pass			ons, and submit statemen	
chedule MET-40-NF complete Schedule MET-4 crm OR-40-P, or Form-Ol		u submitted Schedule OR-A	ASC or Schedule	OR-ASC-N	NP with your Form OR-40	
Section 1: Adjustmen			2: Additions (d		•	
Code Fed			Code Fede	ral column	(F) Metro column (M)	
a. (	)(	) 2a.				
c. (	)(	) 2b. 2c.				
ld.	) (	) 2d.				
1e. (	) (	) 2e.				
1f. Totals: (	)(	) 2	f. Totals:			

## Section 3: Subtractions (codes 300-399)

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

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

### Section 4: Modifications (codes 600-699)

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