



2025 Form METBIT-20
Metro Supportive Housing Services
Business Income Tax
Return for Corporations

Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: April 15, 2026)

File online at [Pro.Portland.gov](https://pro.portland.gov)

Tax Year (MM/DD/YYYY)

From: To:

This space and QR code for official use only

Account #	FEIN	NAICS
SHB –		

Entity Filing in Oregon ☐ Check if merged/reorganized

Mailing Address	☐ Check if changed	City	State/Prov	ZIP Code

Name of Parent Corporation, if Applicable	FEIN of Parent Corporation

If Merged/Reorganized, Enter Name of Previous Business	FEIN of Previous Business

☐ Initial Return ☐ Final Return (attach explanation) ☐ Amended Return ☐ Extension Filed

Part I - Sales and Apportionment

1. Metro sales	1	
2. Total sales	2	
3. Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	

Part II - Metro Business Income Tax

Attach required federal and Oregon tax pages. See instructions.

4. Net income or (loss) from Form OR-20	4	
5. Add-back of deductions not allowed	5	
6. Other additions or subtractions	6	
7. Non-business income or loss subtraction (see instructions)	7	
8. Subject net income (sum of line 4 through line 7)	8	
9. Metro apportioned net income (line 8 x line 3)	9	
10. Add-back of non-business income or loss allocated to Metro (see instructions)	10	
11. Total business income taxable to Metro (sum of line 9 and line 10)	11	
12. Net operating loss deduction (max 75% of line 11)	12	
13. Income subject to tax (sum of line 11 and line 12)	13	
14. Metro business income tax (line 13 x 1%) Minimum \$100	14	
15. Prepayments	15	
16. Penalty	16	
17. Interest	17	
18. Balance due or (overpayment)	18	

Part III - Tax Due / Refund

19. If the amount on line 18 is negative, this is the amount you overpaid	19	
Enter the amount from line 19 you want (the selection is irrevocable):		
a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov)	19a	
b. Applied as an estimated payment to the next open tax year	19b	
20. If the amount on line 18 is positive, this is the amount you owe	20	

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's License Number

Mailing Instructions

- If you are **including payment**, make the check payable to 'Metro SHS Tax' and send it with the return to:
Revenue Division - Metro SHS Tax
PO Box 9250
Portland, OR 97207-9250
- If **payment is not included**, send the return to:
Processing - Metro SHS Tax
111 SW Columbia St. Suite 600
Portland, OR 97201-5840