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2025 Form METBIT-41

Metro Supportive Housing Services Business Income Tax Return for Trusts & Estates

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

File online at Pro.Portland.gov

Tax Year (MM/DD/YYYY)

From: To:

This space and QR code for official use only

Account # FEIN NAICS

SHB –

Name

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

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

Part I - Sales and Apportionment

1.	Metro sales	1	0
2.	Total sales	2	0
3.	Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	0.000000

Part II - Metro Business Income Tax

Attach required federal and Oregon tax pages. See instructions.

4.	Net income or (loss) before distribution from Form 1041	4	0
5.	Add-back of deductions not allowed	5	0
6.	Other additions or subtractions	6	0
7.	Non-business income or loss subtraction (see instructions)	7	
8.	Subject net income (sum of line 4 through line 7)	8	0
9.	Metro apportioned net income (line 8 x line 3)	9	0
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	0
12.	Net operating loss deduction (max 75% of line 11)	12	0
13.	Income subject to tax (sum of line 11 and line 12)	13	0
14.	Metro business income tax (line 13 x 1%) **Minimum $100**	14	0
15.	Prepayments	15	0
16.	Penalty	16	0
17.	Interest	17	0
18.	Balance due or (overpayment)	18	0

Part III - Tax Due / Refund

19.	If the amount on line 18 is negative, this is the amount you overpaid	**19**	0
	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**	0
	b. Applied as an estimated payment to the next open tax year	**19b**	0
20.	If the amount on line 18 is positive, this is the amount you owe	**20**	0

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* P000000000

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