

No Staples

2025 Form METBIT-65
Metro Supportive Housing Services
Business Income Tax
Return for Partnerships

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 –

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	<input type="text"/>
2. Total sales	2	<input type="text"/>
3. Apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	<input type="text"/>

Part II - Metro Business Income Tax

Attach required federal and Oregon tax pages. See instructions.

☐ Actual PTI modification election (see instructions)

4. Ordinary income or (loss) from Form 1065	4	<input type="text"/>
5. Add-back of deductions not allowed	5	<input type="text"/>
6. Schedule K (lines 2-3, 5-13) and Oregon modifications from Form 65	6	<input type="text"/>
7. Non-business income or loss subtraction (see instructions)	7	<input type="text"/>
8. Subject net income (sum of line 4 through line 7)	8	<input type="text"/>
9. Metro apportioned net income (line 8 x line 3)	9	<input type="text"/>
10. Add-back of non-business income or loss allocated to Metro (see instructions)	10	<input type="text"/>
11. Total business income taxable to Metro (sum of line 9 and line 10)	11	<input type="text"/>
12. Net operating loss deduction (max 75% of line 11)	12	<input type="text"/>
13. Income subject to tax (sum of line 11 and line 12)	13	<input type="text"/>
14. Metro business income tax (line 13 x 1%) Minimum \$100	14	<input type="text"/>
15. Prepayments	15	<input type="text"/>
16. Penalty	16	<input type="text"/>
17. Interest	17	<input type="text"/>
18. Balance due or (overpayment)	18	<input type="text"/>

Part III - Tax Due / Refund

19.	If the amount on line 18 is negative, this is the amount you overpaid	19	<input type="text"/>
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	<input type="text"/>
	b. Applied as an estimated payment to the next open tax year	19b	<input type="text"/>
20.	If the amount on line 18 is positive, this is the amount you owe	20	<input type="text"/>

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