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**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 Phone Number (     ) \_\_\_\_\_

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**Mailing Instructions**

**If a payment is included**, send to:

Revenue Division - Metro SHS Tax  
PO Box 9250  
Portland, OR 97207-9250

Make check payable to Metro SHS Tax

**If a payment is not included**, send to:

Processing - Metro SHS Tax  
111 SW Columbia St., Suite 600  
Portland, OR 97201-5840

**Phone (503) 823-5157**

**FAX (503) 823-5192**

**TDD (503) 823-6868**

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