

2022 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: 4/18/2023)

File online at Pro.Portland.gov

Tax Year From: \_\_\_\_\_ to \_\_\_\_\_ Official Use Only

Account # SHB- FEIN NAICS

Name

Mailing Address [ ] Check if changed City State/Prov ZIP Code

[ ] Initial Return [ ] Final Return (attach explanation) [ ] Amended Return [ ] Extension Filed

Part I - Gross Income and Apportionment

1. Metro gross income 1
2. Total gross income 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) before distribution from Form 1041 4
5. Add-back of deductions not allowed 5
6. Other additions or subtractions 6
7. Subject net income (sum of line 4 through line 6) 7
8. Metro apportioned net income (line 7 x line 3) 8
9. Net operating loss deduction (max 75% of line 8) 9 ( )
10. Income subject to tax (sum of line 8 and line 9) 10
11. Metro Business Income tax (line 10 x 1%) Minimum \$100 11
12. Prepayments 12 ( )
13. Penalty 13
14. Interest 14
15. Balance due or (overpayment) 15

Part III - Tax Due / Refund

16. If the amount on line 15 is negative, this is the amount you overpaid 16 ( )
Please enter the amount from line 16 you want:
a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov) 16a
b. Applied to your 2023 Supportive Housing Services tax 16b
17. If the amount on line 15 is positive, this is the amount you owe 17

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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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