| Mu Pe | 22 Form MC-40 A Iltnomah County Preschool for All rsonal Income Tax Return II-Year Resident | | | | | |
|-----------------------------------|---|---|---|------------------------|---------------|-----------|
| Тах | : Year 2022 Due Date: April 18, 2023 | | | | | |
| File | online at <u>Pro.Portland.gov</u> | | | | | |
| Acc | ount # | | | | | |
| MC | P- | | Official Use | e Only | | |
| [| | INT: Married filing INT: Head of hous | | : Quali | fying survivi | ng spouse |
| Тах | payer's Last Name 🔲 Deceased | First Name and Ir | nitial | Soc | ial Security | Number |
| Spo | ouse's Last Name (if filing joint return) 🔲 Deceased | First Name and Ir | nitial | So | cial Security | Number |
| Res | idence Address 🔲 Check if changed | | City | Sta | te/Prov | ZIP Code |
| Mai | ling Address (if different than residence address) □ | Check if changed | City | Sta | te/Prov | ZIP Code |
| [| ☐ Initial Return | | Amended Return | | Extensi | on Filed |
| Par 1. 2. 3. 4. 5. | t I - Multnomah County Taxable Income Oregon Taxable Income (Form OR-40, line 19) Less exempt income (see instructions) Pass-through income modification (line B-2 of Sche Preschool for All income threshold exemption (\$125 Income subject to tax a. Tier 1 taxable income (enter the balance of line b. Tier 2 taxable income (enter the balance of line | edule PTI, if applica 5K for single; \$200 | uble. See instructions) K for joint) | 2 3 4 5 5a | (|) |
| Par | t II - Multnomah County Preschool for All | | | | | |
| 6. | Tier 1 tax (line 5a x 1.5%) | | | | | |
| 7. | Tier 2 tax (line 5b x 1.5%) | | | | | |
| 8. 0 | Total tax (sum of lines 6 and 7) | | | | 1 |) |
| 9. 10. | Credit for taxes paid to another state (see instructio Employer withholding (line A-2 of Schedule WH on | | | | 1 |) |
| 10. | Prepayments | | | | 1 |) |
| 12. | Penalty | | | | | |
| 13. | Interest | | | | | |
| 14. | | | | | | |
| Par | t III - Tax Due / Refund | | | | | |
| 1 5. | | unt vou overnaid | | 15 | (|) |
| .0. | Please enter the amount from line 15 you want: | | | | | , |
| | a. Refunded to you (for direct deposit of your refund, file | e your tax return online | at Pro.Portland.gov.) | 15a | | |
| | b. Applied to your 2023 Preschool for All tax | - | - , | | | |
| 16. | If the amount on line 14 is positive, this is the amou | | | | | |

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 |
|-----------------------|---------------------------|
| Signature of Spouse | Date |
| Taxfiler Email | Taxfiler Phone Number () |
| Signature of Preparer | Date |
| Preparer's Name | Preparer Phone Number () |
| | |

Mailing Instructions

| If a payment is included, send to: | If a payment is not included, send to: |
|--|---|
| Revenue Division - Multnomah County PF PO Box 9250 Portland, OR 97207-9250 | A Tax Processing - Multnomah County PFA Tax 111 SW Columbia St. Suite 600 Portland, OR 97201-5840 |
| Make check payable to Multnomah County F | A Tax |
| Phone (503) 865-4748 | FAX (503) 823-5192 TDD (503) 823-6868 |

Schedule WH — W-2 Withholding Summary for Multnomah County PFA Tax

Complete Schedule WH if you have employer withholding to report on line 10 of the return. See instructions.

| A-1 | . (a) | (b) | (c) | (d) | (e) |
|-----|--------------|---------------|---------------|----------------------------|------------------------------|
| | Employee SSN | Employer Name | Employer FEIN | Local Wages, Tips, Etc. | Local Income Tax Withheld |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Check box if you have additional employer withholdings, and submit statement.

| A-2. | Total sum from column A-1(e). Enter this amount on line 10 of the return | A-2 | |
|------|--|-----|--|
|------|--|-----|--|

Schedule PTI — Pass Through Income Modification

Complete Schedule PTI only if you have a pass-through income modification to report on line 3 of the return. See instructions.

| В | -1. (a) | (b) | (c) | (d) | (e) |
|----------------------------------|----------------|--------------------------------|---|---|---|
| Tax ID of Pass-Through Entity | | Name of Pass-Through Entity | Income Subject to Tax from Pass-Through Entity | Ownership Percentage (Enter 100% as 1.000000) | Modification Claimed for Pass-Through Income |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Check box if you have additional pass-through income modifications, and submit statement.