



**Part IV - Schedule INC**

Complete Schedule INC to calculate your Metro taxable income to report on line 1 of the return and allowable deductions on line 3.

<b>INCOME</b>		<b>Federal column (F)</b>	<b>Metro column (M)</b>
1. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z	1		
2. Interest income from Form 1040 or 1040-SR, line 2b	2		
3. Dividend income from Form 1040 or 1040-SR, line 3b	3		
4. State and local income tax refunds from federal Schedule 1, line 1	4		
5. Alimony received from federal Schedule 1, line 2a	5		
6. Business income or loss from federal Schedule 1, line 3	6		
7. Capital gain or loss from Form 1040 or 1040-SR, line 7	7		
8. Other gains or losses from federal Schedule 1, line 4	8		
9. IRA distributions from Form 1040 or 1040-SR, line 4b	9		
10. Pensions and annuities from Form 1040 or 1040-SR, line 5b	10		
11. Schedule E income or loss from federal Schedule 1, line 5	11		
12. Farm income or loss from federal Schedule 1, line 6	12		
13. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9	13		
14. Total income (sum of line 1 through line 13)	14		
<b>ADJUSTMENTS</b>			
15. IRA or SEP and SIMPLE contributions from federal Schedule 1, lines 16 and 20	15	( )	( )
16. Educator expenses deduction from federal Schedule 1, line 11	16	( )	( )
17. Moving expenses for members of the Armed forces from federal Schedule 1, line 14	17	( )	( )
18. Deduction for self-employment tax from federal Schedule 1, line 15	18	( )	( )
19. Self-employed health insurance deduction from federal Schedule 1, line 17	19	( )	( )
20. Alimony paid from federal Schedule 1, line 19a	20	( )	( )
21. Total adjustments from Schedule MET-40-NP ASC, section 1	21	( )	( )
22. Total adjustments (sum of line 15 through line 21)	22	( )	( )
23. Income after adjustments (sum of line 14 and line 22)	23		
<b>ADDITIONS</b>			
24. Total additions from Schedule MET-40-NP ASC, section 2	24		
25. Income after additions (sum of line 23 and line 24)	25		
<b>SUBTRACTIONS</b>			
26. Social Security and tier 1 Railroad Retirement Board benefits included on line 13F	26	( )	
27. Oregon PERS or certain federal retirement benefits included on line 10F	27	( )	
28. Total subtractions from Schedule MET-40-NP ASC, section 3	28	( )	( )
29. Income after subtractions (sum of line 25 through line 28). Enter line 29M on Form MET-40-NP, line 1	29		
<b>METRO PERCENTAGE</b>			
30. Metro percentage (line 29M ÷ line 29F; not more than 100.0%); enter on line 35	30		

**Schedule INC (continued)**

**ALLOWABLE METRO DEDUCTION**

31. Oregon itemized or standard deduction .....	<b>31</b>	( )
32. Federal tax liability subtraction .....	<b>32</b>	( )
33. Total Oregon modifications from Schedule MET-40-NP ASC, Section 4 .....	<b>33</b>	
34. Sum of line 31 through line 33 .....	<b>34</b>	( )
35. Metro percentage .....	<b>35</b>	
36. Line 34 multiplied by line 35 .....	<b>36</b>	( )
37. Charitable Art donation .....	<b>37</b>	
38. Deduction allowed (sum of line 36 and line 37). Enter on Form MET-40-NP, line 3.....	<b>38</b>	( )

**Part V - 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**

<p><b>If a payment is included, send to:</b>                  Revenue Division - Metro SHS Tax                  PO Box 9250                  Portland, OR 97207-9250                  Make check payable to Metro SHS Tax</p>	<p><b>If a payment is not included, send to:</b>                  Processing - Metro SHS Tax                  111 SW Columbia St. Suite 600                  Portland, OR 97201-5840</p>
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Phone (503) 865-4748

FAX (503) 823-5192

TDD (503) 823-6868

**Schedule WH — W-2 Withholding Summary for Metro SHS Tax**

Complete Schedule WH if you have employer withholding to report on line 8 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 8 of the return ..... **A-2**



**Metro Supportive Housing Services Personal Income Tax  
Schedule PTI | Schedule MET-40-NP ASC**

Account # SHP-	Tax Year	
Taxpayer's Last Name	First Name and Initial	Social Security Number
Spouse's Last Name (if filing joint return)	First Name and Initial	Social Security Number

**Schedule PTI — Pass Through Income Modification**

Complete Schedule PTI only if you have a pass-through income modification to report on line 2 of the MET-40-NP return. See instructions.

B-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.

B-2. Total sum from column B-1(e). Enter this amount on line 2 of the MET-40-NP return ..... **B-2**

**Schedule MET-40-NP ASC**

Complete Schedule MET-40-NP ASC only if only if you submitted Schedule OR-ASC or Schedule OR-ASC-NP with your Form OR-40, Form OR-40-P, or Form-OR-40-N. See instructions.

**Section 1: Adjustments (codes 001-099)**

	Code	Federal column (F)	Metro column (M)
1a.		( )	( )
1b.		( )	( )
1c.		( )	( )
1d.		( )	( )
1e.		( )	( )
<b>1f. Totals:</b>		( )	( )

**Section 2: Additions (codes 100-199)**

	Code	Federal column (F)	Metro column (M)
2a.			
2b.			
2c.			
2d.			
2e.			
<b>2f. Totals:</b>			

**Section 3: Subtractions (codes 300-399)**

	Code	Federal column (F)	Metro column (M)
3a.		( )	( )
3b.		( )	( )
3c.		( )	( )
3d.		( )	( )
3e.		( )	( )
<b>3f. Totals:</b>		( )	( )

**Section 4: Modifications (codes 600-699)**

	Code	Oregon column (O)
4a.		
4b.		
4c.		
4d.		
4e.		
<b>4f. Total:</b>		