

**CT-186-M**

New York State Department of Taxation and Finance

For calendar year **1985**

**Metropolitan Transportation Business Tax Surcharge Report**

Article 9, Section 186

		<i>Official use only</i>	
Affix Preaddressed Label Here →	Employer identification number	File number	
	Name		
Mail to: Processing Unit P.O. Box 1909 Albany, N.Y. 12201	Number	Street	
	City or town	State	Zip Code
	Date received		

ALL corporations required to file Form CT-186 MUST complete this form.

Does the above named taxpayer (taxable under Article 9, Section 186) carry on its business or exercise its corporate franchise in the Metropolitan Commuter Transportation District, which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

Yes •  No •

If you answered Yes, complete this form and pay the Tax Surcharge.

If you answered No, it is not necessary to complete Schedule E or F. However, this form **MUST** be signed by an officer and returned to: **Processing Unit, P. O. Box 1909, Albany, NY 12201**

Pay amount shown on line 9, Schedule E. Make check payable to New York State Corporation Tax		Payment	
	\$		•
<b>SCHEDULE E – Computation of Tax Surcharge</b>			
1. Net New York State franchise tax from Form CT-186, Schedule A, line 7.....	1	\$	•
2. M.C.T.D. allocation percentage from Schedule F, line 16.....	2		% •
3. Allocated tax – multiply line 1 by line 2.....	3	\$	•
4. <b>TAX SURCHARGE</b> – multiply line 3 by 17%.....	4	\$	•
5. Prepayments (a) Payment with CT-5.9.....		\$	•
(b) Credit transferred from Form CT-..... PERIOD.....		\$	•
Total prepayments claimed.....	5	\$	
6. Balance – subtract line 5 from line 4.....	6	\$	
7. Interest.....	7	\$	•
8. Additional charges.....	8	\$	•
9. <b>BALANCE DUE</b> – add lines 6, 7 and 8.....	9	\$	•
10. Overpayment – subtract line 4 from line 5.....			
a. Refund of overpayment.....	10a	\$	•
b. Credit to N.Y. State franchise tax, CT-..... PERIOD.....	10b	\$	•

**CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

_____	_____	_____
Date	Signature of officer	Official title
_____	_____	_____
Date	Signature of preparer or name of firm	Preparer's address

SCHEDULE F — Computation of M.C.T.D. Allocation Percentage		A		B		
		M.C.T.D.		New York State		
11. Gross earnings from operating revenue.....	11	\$		\$		
12. Gross earnings from interest.....	12					
13. Gross earnings from dividends.....	13					
14. Gross earnings from other revenues.....	14					
15. TOTAL (lines 11 through 14).....	15	\$		\$		
16. M.C.T.D. allocation percentage — line 15, Column A divided by Column B.....					16	%

**INSTRUCTIONS**

**General Information**

Section 186-b was amended by Chapter 999 of the Laws of 1984. This amendment extended the business tax surcharge on utilities doing business in the Metropolitan Commuter Transportation District for calendar years 1984 and 1985. The M.C.T.D. includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

**Who Must File**

All corporations, joint stock companies or associations taxable under Article 9, Section 186. This includes all taxpayers that file Form CT-186.

**Who Must Pay the Tax Surcharge**

Every corporation, joint stock company or association formed for or principally engaged in the business of supplying water, steam or gas delivered through mains or pipes or electricity within the Metropolitan Commuter Transportation District (See General Information) must pay a business tax surcharge.

**Tax Rate**

18% for calendar year 1982.

17% for calendar year 1983, 1984, 1985.

The surcharge rate is applied to the portion of tax, after deduction of any credits, imposed by Section 186 attributable to the taxpayer's business activity carried on within the M.C.T.D.

**Time for Filing**

Two and one-half months after the close of the calendar year, March 15, 1986.

**Payment of Tax Surcharge**

The entire tax surcharge must be paid on or before the original due date of the report.

**Extension of Time for Filing Tax Surcharge Report**

A request for an extension of time to file a tax surcharge report must be filed on Form CT-5.9 on or before the due date of the report, for the taxable period for which the extension is requested.

Requirements for a valid extension for all M.C.T.D. tax surcharge reports are as follows:

- a. A separate application for extension, along with any estimated tax surcharge payments that may be due, must be filed on or before the due date of the report for the taxable period for which this extension is requested,

AND

- b. The total tax surcharge payment for the period for which this extension is requested must equal 90% of the tax surcharge as finally determined.

**Specific Instructions**

All taxpayers that file Form CT-186 must answer YES or NO to the question preceding Schedule E. **It is essential that utilities not doing business in the Metropolitan Commuter Transportation District disclaim liability for the tax surcharge by answering "no."**

**Schedule E — Computation of Tax Surcharge**

- Line 1. Enter your New York State franchise tax after the deduction of allowable tax credits, from your franchise tax report, Form CT-186, Schedule A, Line 7.
- Line 2. Enter your M.C.T.D. allocation percentage from Schedule F, Line 16.
- Line 5a. Enter any payment made with Form CT-5.9, Application for Three-Month Extension.
- Line 5b. You can apply any overpayment of franchise tax made on your franchise tax report, Form CT-186. Enter at this line the form number, period in which the overpayment occurred (use month and year) and amount to be applied. At the overpayment line of your Form CT-186 indicate the amount of money to be applied to the M.C.T.D. tax surcharge.
- Line 7. If the tax is not paid on or before the due date (without regard to any extension of time) interest must be paid on the amount of the underpayment from the due date to the date paid. The interest rate should be determined in accordance with Part 603 of the Tax Regulations.
- Line 8. Additional charges for late filing are computed on the amount of tax less any payment made on or before the prescribed due date.
  - a. If a return is not filed when due or if the application for extension is invalid, add to the tax 5% per month up to 25% (Section 1085(a)(1)(A)).
  - b. If a return is not filed within 60 days of the prescribed due date, the addition to tax cannot be less than the smaller of \$100 or 100% of the amount required to be shown as tax (Section 1085(a)(1)(B)).
  - c. In case of failure to pay the tax shown on a return, add to the tax ½% per month up to 25% (Section 1085(a)(2)).
  - d. The total of the additional charges in a and c may not exceed 5% for any one month, except as provided for in b above (Section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment (Section 1085).

**Schedule F — Computation of M.C.T.D. Allocation Percentage**

The M.C.T.D. allocation percentage is determined by dividing the taxpayer's gross earnings from all sources in the M.C.T.D. by its gross earnings from all sources in New York State.

- A taxpayer that does all of its New York State business within the 12 counties of the M.C.T.D. can enter 100% at line 16 of Schedule F and line 2 of Schedule E.
- A taxpayer that does part of its business outside of the M.C.T.D. must compute its M.C.T.D. allocation percentage by completing this schedule. If Schedule B, on Form CT-186 was completed the New York State figures appearing in Column A must be used in Column B of Schedule F.