



# CT-183-M Metropolitan Transportation Business Tax Surcharge Return

Article 9, Section 183-a, Tax Law

For calendar year 1988

Attach label here	Employer identification number	File number	For office use only
	Name		
	Trade name		Date received
	Number and street		
	City or town, state and ZIP Code		

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), (counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester), you must file this form. If not, you no longer have to file this form. However, you must disclaim liability for the MTB tax surcharge on Form CT-183.

If you are required to file this form, complete it, have an officer sign it, and pay the tax surcharge.

A. Payment — pay amount shown on line 10. Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed
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### Computation of Tax Surcharge

1	NYS franchise tax from 1987 Form CT-183, Schedule A, line 4	1	
2	MCTD allocation percentage from line 21, 29, or 31	2	%
3	Allocated tax (multiply line 1 by line 2)	3	
4	Tax surcharge (multiply line 3 by 17%)	4	
5	Prepayments (a) Payment with Form CT-59	5a	
		(b) Credit transferred from Form CT-	5b
6	Total prepayments claimed (add lines 5a and 5b)	6	
7	Balance (If line 6 is smaller than line 4, subtract line 6 from line 4)	7	
8	Interest on late payment (compute on amount from line 7)	8	
9	Additional late charges (compute on amount from line 7)	9	
10	Balance due (add lines 7, 8 and 9 — enter payment on line A above)	10	
11	Overpayment (if line 4 is smaller than line 6, subtract line 4 from line 6)	11	
12	Amount of overpayment to be refunded	12	
13	Amount of overpayment to be credited to NYS franchise tax Form CT-	13	

**Certification by an Elected Officer.** I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Mail this return to: NYS Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909

**Schedule A — Computation of MCTD Allocation Percentage Section 183-a — Use 1987 Figures**

<b>Part I — MCTD Allocation — Section 183-a — General Transportation Corporations</b>		Average Value for the Year	
		A MCTD	B New York State
<b>14</b>	Bills and accounts receivable . . . . .	<b>14</b>	
<b>15</b>	Shares of stock of other companies owned ( <i>attach list showing corporate name, shares held and actual value</i> ) . . . . .	<b>15</b>	
<b>16</b>	Bonds, loans and other securities, exclusive of obligations of the United States, held, used or employed . . . . .	<b>16</b>	
<b>17</b>	Leaseholds . . . . .	<b>17</b>	
<b>18</b>	Real estate owned . . . . .	<b>18</b>	
<b>19</b>	All other assets ( <i>except cash and investments in U.S. obligations</i> ) . . . . .	<b>19</b>	
<b>20</b>	Total ( <i>add lines 14 through 19</i> ) . . . . .	<b>20</b>	
<b>21</b>	MCTD allocation percentage ( <i>divide line 20, column A by column B — enter here and on line 2</i> ) . . . . .	<b>21</b>	%

<b>Part II — MCTD Allocation — Section 183-a — Aviation Corporations only</b>		A MCTD	B New York State
<b>22</b>	Revenue aircraft arrivals and departures . . . . .	<b>22</b>	
<b>23</b>	MCTD percentage ( <i>divide line 22, column A by column B</i> ) . . . . .	<b>23</b>	%
<b>24</b>	Revenue tons handled . . . . .	<b>24</b>	
<b>25</b>	MCTD percentage ( <i>divide line 24, column A by column B</i> ) . . . . .	<b>25</b>	%
<b>26</b>	Originating revenue . . . . .	<b>26</b>	
<b>27</b>	MCTD percentage ( <i>divide line 26, column A by column B</i> ) . . . . .	<b>27</b>	%
<b>28</b>	Total ( <i>Add lines 23, 25, and 27</i> ) . . . . .	<b>28</b>	%
<b>29</b>	MCTD allocation percentage ( <i>divide line 28 by three — enter here and on line 2</i> ) . . . . .	<b>29</b>	%

<b>Part III — MCTD Allocation — Section 183-a — For Corporations Operating Vessels in MCTD Territorial Waters</b>		A MCTD Territorial Waters	B New York State Territorial Waters
<b>30</b>	Aggregate number of working days . . . . .	<b>30</b>	
<b>31</b>	MCTD allocation percentage ( <i>divide line 30, column A by column B, enter here and on line 2</i> ) . . . . .	<b>31</b>	%