

CT-186-A/M

New York State Department of Taxation and Finance

Utility Services MTA Surcharge Return Tax Law — Article 9, Section 186-c For calendar year 199

For calendar year 1996

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Emplo	yer identification number		File number				For office use	e only	
	I I - I I		If your name, employer identification number,						
	Taynayar's husiness name					ner/officer			
					information has changed, you must file Form		Date receive	d	
me Ss	Business name at location below (if different from business name above)								
					DTF-95 (see ii	,			
9	Business name at location below (if different from business name above) C/O Street or PO Box City State ZIP code					closed, call			
li⊓∀						1 800 462-8100 to request one. From areas outside			
Mai						Canada, call			
_ "	City		State ZIP co	ode	(518) 485-680	00.			
			T						
Busin	ess telephone number	State or country of incorporation	Date of incorporation	Foreign con date began					
()			business in		L			
If you	do business in the Metropolitan	Commuter Transportation District (the	counties of New York,	Bronx, Kin	gs, Queens, R	ichmond, Dutch	ess, Nassa	u, Orange, Putnam, Ro	ckland,
		emplete this form. If not, you do not no							
Δ Γ	avment — nav amount s	shown on line 14. Make chec	k navable to: Nev	v York S	State Corno	ration Tax		Payment enclosed	
	· · · Attach your payment		n payable to. Net	, ioik o	nate corpe	ration lax			
		politan Commuter Tran	sportation Di	strict /	Allocatio	n Percent	age		
	•		•						-
	1 Gross operating income from Form CT-186-A, line 212 Gross operating income included on line 1 which was derived from sources within the MCTD								
		ntage (divide line 2 by line 1)					3		%
Con	nputation of MTA S	Surcharge							
4	New York State tax from	n Form CT-186-A, line 1					. 4		
5 Allocated tax (multiply line 4 by line 3)									
·	- · · · · ·			<i>Clions.)</i>					
- -	First installment of estimated MTA surcharge for next period:								
	If a request for extension was filed, enter amount from Form CT-5.9, line 9								
7b	o If Form CT-5.9 was not filed, see instructions 75 8 Total (add line 6 and line 7a or 7b). 8								
8	8 Total (add line 6 and line 7a or 7b)								
9	9 Total prepayments from line 25								
10	Balance (if line 9 is less than line 8, subtract line 9 from line 8)								
11									
12									
	13 Late filing and late payment penalties (see instructions)								
	4 Balance due (add lines 10 through 13; enter payment on line A above)								
									-
	5 Overpayment (if line 8 is less than line 9, subtract line 8 from line 9)						1		
	6 Amount of overpayment to be credited to New York State tax								_
	7 Amount of overpayment to be credited to MTA surcharge for next period								
							. 18		
Com	position of Prepaymen	ts Claimed on line 9			1				
						Date Pa	id	Amount	
19	Mandatory first installm	ent			19				
20	CT-400 installments				20 (1)				
					(2)				
					(3)				
21	Payment with extension	request Form CT-5.9 line 1	12						
	Payment with extension request, Form CT-5.9, line 12						. 22		
	3 Add lines 19 through 22								_
	•					Period	. 23		_
	4 Credit from Form CT-186-A								$-\!\!\!\!+\!\!\!\!\!-$
							. 25		
Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.									
Signa	ture of elected officer or author	rizea person	'	Official title			D	ate	
ē	Firm's name (or yours if self-empl	loyed)			ID numbe	r	D	ate	
spar inly									
A Pre	Address				Signature of individual preparing this return				
Paid Preparer Use Only									

Instructions

General Information

Attention: If you are a telephone or telegraph company or other provider of telecommunication services, even if it is not your primary business, do not file this form; file Form CT-186-E.

Who Must File

A taxpayer filing Form CT-186-A who does business in the Metropolitan Commuter Transportation District (MCTD) must also file Form CT-186-A/M and pay a metropolitan transportation business tax surcharge (MTA surcharge) on business done in the Metropolitan Transportation Authority region. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

When and Where to File

This return is due on March 15, following the close of the calendar tax year. If March 15 falls on a Saturday, Sunday, or legal holiday, the return is due on the next business day.

Mail return to: NYS CORPORATION TAX PROCESSING UNIT PO BOX 1909 ALBANY NY 12201-1909

Extension of Time for Filing MTA Surcharge Return

You may request additional time to file an MTA surcharge return. To do this, file Form CT-5.9, *Request for Three-Month Extension to File*, on or before the due date of the return for which the extension is requested and pay the MTA surcharge estimated to be due.

The MTA surcharge estimated to be due on Form CT-5.9, line 8, must either:

- equal or exceed 100% of the MTA surcharge for the preceding year (if it was for a period of 12 months); or
- equal or exceed 90% of the MTA surcharge for this period as finally determined.

Identifying Information

To assist us in processing your corporation tax returns as quickly and efficiently as possible, it is important that we have the necessary identifying information from your preprinted label. **Keep a record of the label information for future use.** Please be certain to include your employer identification number and file number on each corporation tax return mailed. This will facilitate processing of your return to the correct account. Without this information, we may not be able to process your return.

If you use a paid preparer or accounting firm, make sure they use the mailing label or label information when completing all returns prepared for you.

Change of Business Information

If there have been any changes in your business name, identification number, mailing address, business address, telephone number or owner/officer information and you have not previously notified us, complete Form DTF-95, *Change of Business Information*. If you don't have a form, call toll free 1 800 462-8100. From areas outside the U.S. and Canada, call (518) 485-6800.

Line Instructions

Whole Dollar Amounts - You may elect to show amounts in whole dollars rather than dollars and cents. Round an amount from 50 cents through 99 cents to the next higher dollar, and round any amount less than 50 cents to the next lower dollar.

Percentages - When computing allocation percentages, convert decimals into percentages by moving the decimal point two spaces to the right. Percentages should be carried out to four decimal places. For example: 5,000/7,500 = .6666666 = 66.6667%.

Negative amounts, if any, should be shown in parentheses.

Computation of MCTD Allocation Percentage

If you do all your New York State business within the 12 counties of the MCTD, enter 100% on line 3.

If you do part of your business outside the MCTD, compute your MCTD allocation percentage by completing lines 1 through 3.

Line 1 — Enter your gross operating income from sources within New York State.

Line 2 — Enter your gross operating income from sources within the MCTD. Use the same method of accounting to compute MCTD gross operating income (i.e., accounting rule allocation method or formula rule allocation method) as was used to compute New York State gross operating income.

Line 3 — Divide line 2 by line 1. This is your MCTD allocation percentage.

Computation of MTA Surcharge

Line 4 — Enter your New York State tax from Form CT-186-A, line 1.

Line 6 — The MTA surcharge rate is 17%.

Foreign Authorized Corporations Only – See Form CT-186-A-I, *Instructions for Form CT-186-A, Utility Services Tax Return*, page 1, *Maintenance Fee - Foreign Corporations*.

First Installment of Estimated Tax for the Next Period (Line 7a or 7b)

If on Form CT-186-A you are required to make a first installment of estimated tax and state tax surcharge for the next period, you must also make a first installment of the MTA surcharge for that period.

Line 7a — If you have filed a request for extension (Form CT-5.9), enter the amount from line 9 of Form CT-5.9.

Line 7b — Enter 25% of the amount on line 6, if you did not file Form CT-5.9, and the tax plus the state tax surcharge on Form CT-186-A, line 3, is more than \$1,000.

Enter "0" if you did not file Form CT-5.9, and the tax, plus the state tax surcharge on Form CT-186-A, line 3, is \$1,000 or less.

Line 11 — If you underpaid your estimated MTA surcharge, use Form CT-222, *Underpayment of Estimated Tax by a Corporation*, to compute the penalty. Attach Form CT-222, check the box and enter the penalty on line 11. If no penalty is due, enter "0" on line 11.

Line 12 — If you do not pay the MTA surcharge on or before the original due date, without regard to any extension of time for filing, you must pay interest on the amount of the underpayment from the original due date to the date paid. Exclude from the interest computation any amount shown on line 7a or 7b, first installment of estimated MTA surcharge for the next period.

You may call the Business Tax Information Center for the current interest rate or to have the interest computed for you. See *Need Help?* below.

Line 13 — Late filing and late payment penalties are computed on the amount of the MTA surcharge less any payment made on or before the due date determined with regard to any extension of time for filing. Exclude from the penalty computation any amount shown on line 7a or 7b, first installment of estimated MTA surcharge for the next period.

- A If you do not file a return when due or if the request for extension is invalid, add to the MTA surcharge 5% per month up to 25% (section 1085(a)(1)(A)).
- B If you do not file a return within 60 days of the due date the addition to MTA surcharge in item A above cannot be less than the smaller of \$100 or 100% of the amount required to be shown as MTA surcharge (section 1085(a)(1)(B)).
- C If you do not pay the MTA surcharge shown on a return, add to the MTA surcharge ½% per month up to 25% (section 1085(a)(2)).
- D The total of the additional charges in items A and C may not exceed 5% for any one month, except as provided for in item 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).

Note: You may have the interest (line 12) and/or penalty (line 13) computed for you by calling the Business Tax Information Center under *Need Help?* below.

Line 15 — If line 8 is less than line 9, subtract line 8 from line 9. This is the amount of overpayment. You may divide it on lines 16, 17 and 18 in any way you choose.

Need Help?

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, you can also call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.