

CT-186-P/M

New York State Department of Taxation and Finance

Utility Services MTA Surcharge Return

	19							Tax I	Law ·	— Art	icle 9,	Sect	ion 1	86-с			For calend	ar year 1	1996
Emplo	yer identifica	ation nur	nber							File	number					For office	ce use only		
-	1	1 —	i	i	ı	ĺ	ì	i	ı		i	1		If your nan	ne, employer				
	Taxpayer'	s husine	ss name											identification					
	1														owner/officer	Date rec	ceived		
σ	Business name at location below (if different from business name above) C/O Street or PO Box											information has changed, you must file Form			,c., c.				
me														-	e instructions). If				
Na Fe	c/o no												enclosed, call						
9	Street or PO Box 1 80												8100 to request						
iii d												areas outside							
Mailing Name and Address	City								S	tate	ZII	P code		(518) 485-	nd Canada, call				
														(010) 100					
Busin	ess teleph	one nu	mber	:	State or co	ountry of i	incorpora	ation	Date	of incorp	oration	F	oreign co	orporations:		1			
()												ate bega usiness i						
lf vou	do bucino	occ in t	ho Mot	ropolito	o Comm	utor Tro	nenort	ation Di	ctrict /	(MCTD)	(the co				ny Kings Oug	no Diek	hmand Dutahas	c Noccou	
Orang	e, Putnan	n, Rocl	kland, S	Suffolk a	ind West	tchester	r) you r	nust co	mplete	e this fo	rm. If no	ot, you	do no	t need to fi	le this form. Ho	wever, yo	hmond, Dutchess ou must disclaim	າ liability for	r the
MTA s	urcharge	on Fo	m CT-1	86-P.												1			
						n line	14. M	ake ch	ieck į	payabl	e to: N	lew \	ork S	State Cor	poration Tax	7	Payment end	losea	
◀ · · ·	···· Atta	ch you	ır payr	nent he	ere.														
Con	putation	on of	MCT	D All	ocatio	n Per	rcent	age											
1	New Yo	ork St	ate gr	oss ind	come <i>(f</i>	rom Fo	orm CT	-186-P	line :	37)						1	1		
			•							,					Commuter				
_																9	2		
2	MCTD															• • • • • • • • • • • • • • • • • • • •	3		%
	putation						ie z by	ille i))		
	•															1 .			
4				•				,									4		_
5	Allocate	ed tax	(multi	ply line	4 by lir	ne 3)											5		
6	MTA su	ırchar	ge (M	ultiply li	ine 5 by	17% (.	.17). F	oreign	corpo	rations	, see ins	struct	ions).			6	6		
	First in	stallm	ent of	estima	ated M	TA sur	charg	e for t	he ne	ext pei	riod:								
7a							_			-		9. line	9 .			7a	a I		
0																	-		+
9	•			,	,											••	_		+
10																			_
11															none, enter "0").				_
12	2 Interest on late payment (see instructions)									12	2								
13											13	3							
14	Balanc	e due	(add I	ines 10	through	h 13; ei	nter pa	ayment	on lin	e A ab	ove)					14	4		
					_												5		
	-	-																	
										_		•							+
	position								· · · · · ·	· · · · · ·		· · · · ·				10)		
COIII	positioi	101 F	терау	ments	Ciaiii	ieu oi	ı iiiie	9							D-t- D	-:-	T		
															Date P	aid	Aff	nount	
19	Manda	tory fi	rst ins	tallme	nt														_
20	CT-400	insta	llment	s										. 20 (1))				
														(2)					
														(3)					
21	Payme	nt wit	h exte	nsion i	reauest	t. Form	n CT-5	5.9. lin	e 12					. 21					
	-				-											22	,		
			•													23			+
				_												23			+
	Credit t															1	_		+
																25			
							ny att	achme	ents a	are to	the bes				and belief tru	ie, cori	rect and comp	olete.	
Signa	ture of ele	ected of	ticer or	autnoriz	ea perso	n						Off	icial title	e			Date		
ē	Firm's nar	me (or y	ours if se	elf-employ	red)							-		ID num	ber		Date	· · · · · · · · · · · · · · · · · · ·	
epar Inly																			
Se C	Address	Address Sign										Signati	re of individual p	reparing	this return				
Paid Preparer Use Only																			
	4 - 2			4	47 101	37 ·	ND/C	00==		TI ^		.		NG ::::-				0004 100	
N	viail youi	r retui	n by I	viarch	17, 199	97, to:	NYS	CORF	'URA	AHON	IAX, F	'KO (LESS	ING UNIT	, PO BOX 19	909, AL	LBANY NY 12	2201-190	9

Instructions

General Information

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

Who Must File

A taxpayer filing Form CT-186-P who does business in the Metropolitan Commuter Transportation District (MCTD), must also file Form CT-186-P/M and pay a metropolitan transportation business tax surcharge on business done in the Metropolitan Transportation Authority region (MTA surcharge). 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. File Form CT-5.9, *Request for Three-Month Extension of Time 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 forms 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 forms 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 to request one.

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.

Lines 1 and 2 — Enter your gross income from sources within New York State on line 1 and your gross income from sources within the MCTD on line 2. Use the same method of accounting to compute MCTD gross income (i.e., accounting rule allocation method or formula rule allocation method) as was used to compute New York State gross 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-P, line 1.

Line 6 — Foreign Authorized Corporations only: See Form CT-186-P-I, Instructions for Form CT-186-P, page 2, Maintenance Fee for Foreign Corporations.

First Installment of Estimated Tax for Next Period —

Line 7a or 7b — If on Form CT-186-P 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 the next 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-P, 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-P, 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 (determined 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.

Line 13 — Late filing and late payment penalties are computed on the amount of MTA surcharge less any payment made on or before the due date (determined with regard to any extension of time for filling). 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 the 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 penalty (line 13) computed for you by calling the Business Information Center at the number listed 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, 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.