



CT-186-P/M New York State Department of Taxation and Filterice Utility Services MTA Surcharge Return

. <u></u>	Tax	Law – Article 9, Sectio	on 186-c	Eor calo	ndar year 2001			
Emplo	yer identification number	File number	Check box if	For office use only				
			overpayment claimed					
-	Legal name of corporation	Trade name / DBA						
					Date received			
Mailing name and address	Mailing name (if different from legal name) and address State or country of incorporation							
na	c/o							
ing	Number and street or PO box Date of incorporation							
lail								
2 0	City S	tate ZIP code	Foreign corporations: date began business in NSYS	-				
16								
file Fo	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See <i>Need help</i> ? on the back.							
lf you	do business in the Metropolitan Commuter Transportation	on District (MCTD) (the cour	nties of New York, Bronx, Kings	, Queens, Richmoi	nd, Dutchess,			
	au, Orange, Putnam, Rockland, Suffolk, and Westcheste			ile this form. Howe	ver, you must			
	im liability for the MTA surcharge on Form CT-186-P. See							
	Payment — pay amount shown on line 15. Make c	heck payable to: New Yo	ork State Corporation Tax	Paymen	t enclosed			
	··Attach your payment here.							
Com	putation of MTA surcharge				<u> </u>			
1	Gross income on Form CT-186-P, line 23, derived							
2	MTA surcharge rate (.0245 × .17 = .004165)				.004165			
3	MTA surcharge (multiply line 1 by line 2)							
4	Gross income on Form CT-186-P, lines 20, 30, 33, and 40, derived from sources within the MCTD							
5	MTA surcharge rate $(.02 \times .17 = .0034)$.0034			
6	MTA surcharge (multiply line 4 by line 5)							
7								
•	First installment of estimated MTA surcharge for	-	-	8a 🛛				
8a								
8b								
9	Total (add line 7 and line 8a or 8b)							
10 11	Total prepayments (from line 26)							
12	Balance (if line 10 is less than line 9, subtract line 10 from line 9) Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached ; if none, enter "0",							
12	Interest on late payment (see instructions)							
14	,							
15	Late filing and late payment penalties (see instructions) Balance due (add lines 11 through 14; enter payment on line A above)							
16								
	Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)							

17	Amount of overpayment to be credited to New York State tax	17			
18	Amount of overpayment to be credited to MTA surcharge for the next period	18			
19	Amount of overpayment to be refunded			19	
Composition of prepayments claimed on line 10					Amount
20	Mandatory first installment	20			
21a	Second installment from Form CT-400	21a			
21b	Third installment from Form CT-400	21b			
21c	Fourth installment from Form CT-400	21c			
22	Payment with extension request (from Form CT-5.9, line 10)	22			
23	Overpayment credited from prior years			23	
24	Add lines 20 through 23			24	
25	Overpayment credited from Form CT-186-P				
26	Control (add lines 24 and 25; enter here and on line 10)				

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

Signature of elected officer of authorized person		Official title		Date	
eparer only	Firm's name (or yours if self-employed)		ID number	Date	
Paid pr use	Address		Signature of individual preparing this return		

Instructions

Who must file

Note: If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return.*

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 year. If March 15 falls on a Saturday, Sunday, or legal holiday, the return is due on the next business day.

Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038.

If you are using a private delivery service, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.

Extension of time for filing MTA surcharge return

If you cannot meet the filing deadline, you may request an extension of time by filing Form CT-5.9, *Request for Three-Month Extension to File*, on or before the due date of the return, and pay the MTA surcharge you estimate to be due. An extension of time granted by the IRS to file a federal tax return does not extend the due date for filing Form CT-186-P/M.

Amended return

If you are filing an amended return, please write *Amended return* across the top of the front page.

Employer identification number, file number, and other identifying information

For us to process your corporation tax forms, it is important that we have the necessary identifying information. You will find your employer identification number and file number just above your printed corporation name and address. Keep a record of that information and include it on each corporation tax form mailed.

If you use a paid preparer or accounting firm, make sure they use your complete and accurate identifying information when completing all forms.

Specific instructions

See Form CT-186-P-I for instructions on reporting change of business information, using whole dollar amounts, converting decimals into percentages, and showing negative amounts.

Line A — Make your payment in United States funds. We will accept a foreign check or foreign money order only if payable through a United States bank or if marked **Payable in U.S. funds.**

Computation of MTA surcharge

MTA surcharge — For a utility supervised by the Department of Public Service (when the utility is not a provider of telecommunication services) the MTA surcharge on Form CT-186-P/M for the tax year January 1, 2001, through December 31, 2001, is computed using the 2.45% and 2.0% tax rates on gross income. The MTA surcharge is no longer computed as if the tax rate on gross income was 3.5%

Line 1 — Enter the amount of receipts shown on Form CT-186-P, line 23, that are derived from sources within the MCTD. Use the same method of accounting to compute MCTD gross income (that is, the accounting rule allocation method or the formula rule allocation method) as was used to compute New York State gross income. Make no deduction for the Power for Jobs tax credit. **Line 2** — The MTA surcharge rate of .4165% (.004165) is obtained by multiplying the tax rate of 2.45% by the MTA surcharge rate of 17%.

Line 4 — Enter the total amount of receipts shown on Form CT-186-P, lines 20, 30, 33, and 40, that are derived from sources within the MCTD. Use the same method of accounting to compute MCTD gross income (that is, the **accounting** rule allocation method or the **formula** rule allocation method) as was used to compute New York State gross income. Make no deduction for the Power for Jobs tax credit.

Line 5 — The MTA surcharge rate of .34% (.0034) is obtained by multiplying the tax rate of 2.0% by the MTA surcharge rate of 17%.

First installment of estimated MTA surcharge for next period

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

Line 8b — Enter 25% of the amount on line 7 if you did not file Form CT-5.9, and the tax 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 on Form CT-186-P, line 3, is \$1,000 or less.

Line 12 — 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 12. If no penalty is due, enter "0" on line 12.

Line 13 — 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 8a or 8b, first installment of estimated MTA surcharge for the next period.

Line 14 — Compute late filing and late payment penalties on the amount of MTA surcharge minus any payment made on or before the due date (with regard to any extension of time for filing). Exclude from the penalty computation any amount shown on line 8a or 8b, first installment of estimated MTA surcharge for the next period.

See Form CT-186-P-I for instructions on computing late filing and late payment penalties.

Line 16 — If line 9 is less than line 10, subtract line 9 from line 10. This is the amount of overpayment. You may divide it on lines 17, 18, and 19 in any way you choose.

Line 19 — Collection of debts from your refund

See Form CT-186-P-I for instructions on collection of debts from your refund.

Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. Business Tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100 From outside the U.S. and outside Canada: (518) 485-6800 Fax-on-demand forms: 1 800 748-3676

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

Internet access: www.tax.state.ny.us

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 1 800 225-5829.

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