| ر 20 | CT-186-A/M | New York State Department | | _ | charge | Return — | 1 |
|--|--|--|-----------------|--------------------------|---|------------------------------|----|
| | Amended return | Tax Law — Article 9 | | | | lendar year 2002 | |
| Emplo | byer identification number | File number | · | Check box if | For of | fice use only | • |
| | | - | | overpayment claim | ied 🗀 | | |
| | Legal name of corporation | Trade name/ | Trade name/DBA | | | | |
| | | | | | Date i | received | |
| Mailing name and address | Mailing name (if different from legal name above) and address | g name (if different from legal name above) and address | | | corporation | | |
| na dre | c/o | | | | | | |
| ad | Number and street or PO box | | 1 | Date of incorporatio | n | | |
| aili nd | | | | | | | |
| Σø | City | State ZIP code | | | date began | | |
| | businēss in NYS | | | | | | |
| If addre | s above is new, If your name, employer identification number, address, or owner/officer information has changed, Business telephone number | | | | | | |
| check box 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 the <i>Need help?</i> section on the back. | | | | | | | |
| lf you d | lo business in the Metropolitan Commuter Transportation Di | istrict (the counties of New Yo | ork Bronx Kings | Queens Bichm | ond Dutchess N | assau Orange Putnam Bockland | d |
| | , and Westchester), you must complete this form. If not, you | | | | | | л, |
| | tion: If you are a telephone or telegraph company or of | | | | | | ot |
| file th | is form. Instead, file Form CT-186-E, Telecommunication | ons Tax Return and Utility | Services Tax R | <i>eturn</i> , or Form (| CT-186-EZ (shor | t form). | |
| | A. Payment — pay amount shown on line 14. Make check payable to: New York State Corporation Tax | | | | | Payment enclosed | |
| | Attach your payment here. | | | | | | |
| Com | putation of MTA surcharge | | | | | | |
| 1 | Gross operating income on Form CT-186-A, lin | e 21, derived from sou | rces within the | e MCTD (see ir | nstructions) | 1. | |
| 2 | Gross operating income on Form CT-186-A, | line 21 | | | | 2. | |
| 3 | MCTD allocation percentage (divide line 1 by la | ine 2) | | | | 3. | % |
| 4 | Net tax on Form CT-186-A, line 3 | | | | | 4. | |
| 5 | ocated tax (multiply line 3 by line 4) | | | | | 5. | |
| 6 | MTA surcharge (multiply line 5 by 17% (.17)) | | | | | 6. | |
| | First installment of estimated MTA surcharge for next period: | | | | | | |
| 7a | If you filed a request for extension, enter amo | filed a request for extension, enter amount from Form CT-5.9, line 7 | | | | | |
| 7b | If you did not file Form CT-5.9, see instruction | not file Form CT-5.9, see instructions | | | | | |
| 8 | Total (add line 6 and line 7a or 7b) | (add line 6 and line 7a or 7b) | | | | | |
| 9 | Total prepayments from line 25 | | | | | 9. | |
| 10 | Balance (if line 9 is less than line 8, subtract line 9 from line 8) | | | | | 0. | |
| 11 | Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached; if none, enter "0") | | | | | 1. | |
| | Interest on late payment (see instructions) | | | | | | |
| 13 | Late filing and late payment penalties (see instructions) | | | | | 3. | |
| 14 | Balance due (add lines 10 through 13; enter payment on line A above) | | | | | 4. | |
| | Overpayment (if line 8 is less than line 9, subtract line 8 from line 9; see instructions) | | | | | | _ |
| | Amount of overpayment to be credited to New York State tax | | | | | | _ |
| | Amount of overpayment to be credited to MTA surcharge for next period | | | | | | _ |
| | Amount of overpayment to be refunded (subt | | line 15) | | | | |
| | position of prepayments claimed on lin | | | | Date paid | Amount | |
| | Mandatory first installment | | | | | | |
| | Second installment from Form CT-400 | | | | | | _ |
| | | | | | | | |
| | | nstallment from Form CT-400 | | | | | _ |
| 21 | | | | | | | _ |
| | Overpayment credited from prior years | | | | | 22. | _ |
| | 3 Add lines 19 through 22 | | | | | 23. | _ |
| 24 Overpayment credited from Form CT-186-A Period | | | | | | 24. | + |
| 25 Total (add lines 23 and 24; enter here and on line 9) 25. Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. | | | | | | | |
| | ture of elected officer or authorized person | sinnerits are to the De | Official title | meuge and be | ener true, corr | Date | |
| Signa | | | | | | | |
| | [Firm's name (or yours if self-employed) | | | ID number | | Date | |
| | Firm's name (or yours if self-employed) | | | Signature of i | Signature of individual preparing this return | | |
| | | | | | p. opdin | | |

Instructions

General information

Attention: If you are a telephone or telegraph company or other provider of telecommunications 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*, or Form CT-186-EZ, *Telecommunications Tax Return* (short form).

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 MCTD. 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 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 22038, Albany NY 12201-2038.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on ordering forms and publications.) If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.

Do not staple your Form CT-186-A/M to Form CT-186-A.

Extension of time for filing

You may request additional time to file Form CT-186-A/M. 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 you estimate to be due.

Change of address — If your address has changed, please enter your new address in the appropriate area and check the box next to the address so that we can update your address for this tax type. Do not check this box for any change of business information other than for your address.

Changes in business information

You must report any changes in your business name, ID number, mailing address, physical address, telephone number, or owner/officer information on Form DTF-95, *Business Tax Account Update*. If only your address has changed, you may use Form DTF-96, *Report of Address Change for Business Tax* Accounts, to correct your address for other tax types. You can get these forms by fax, phone, or from our Web site. See *Need help?* below for the phone number and Web address.

Amended return

If you are filing an amended return, please check the Amended return box on the front page of the return.

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 corporation name and address on the forms mailed to you. 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.

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

Negative amounts — Show any negative amounts in parentheses.

Percentages - When computing allocation percentages, convert decimals into percentages by moving the decimal point two spaces to the right. Carry percentages to four decimal places. For example: 5,000/7,500 = 0.6666666 = 66.6667%.

Line instructions

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

Line 1 — Enter your gross operating income from sources within the MCTD. Use the same method of accounting to compute MCTD gross operating income (that is, the **accounting** rule allocation method or the **formula** rule allocation method) as you used to compute your New York State gross operating income. Foreign authorized corporations only - See Form CT-186-A-I, Instructions

for Form CT-186-A, page 1, Maintenance fee — foreign corporations.

First installment of estimated MTA surcharge for the next period (line 7b)

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

Line 7b — If you did not file Form CT-5.9, and the tax on Form CT-186-A, line 3, is more than \$1,000 but not more than \$100,000, enter 25% of the amount on line 6.

If you did not file Form CT-5.9, and the tax on Form CT-186-A, line 3, is \$100,000 or more, enter 30% of the amount on line 6.

If you did not file Form CT-5.9, and the tax on Form CT-186-A, line 3, is \$1,000 or less, enter "0."

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.

- Compute late filing and late payment penalties on the amount of the 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 7a or 7b, first installment of estimated MTA surcharge for the next period.

- Α. 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)).
- If you do not file a return within 60 days of the due date, the addition to the B. 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))
- 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)). C.
- The total of the additional charges in items A and C may not exceed 5% for D. 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, payment, or both (section 1085).

Note: If you wish, we will compute the interest (line 12) and penalty (line 13) for you. Call the Business Tax Information Center at 1 800 972-1233.

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.

Line 18 - Collection of debts from your refund - We will keep all or part of your refund if you owe a past-due legally enforceable debt to the Internal Revenue Service (IRS) or to a New York State agency. This includes any state department, board, bureau, division, commission, committee, public authority, public benefit corporation, council, office, or other entity performing a governmental or proprietary function for the state or a social services district. We will refund any amount over your debt.

If you have any questions about whether you owe a past-due legally enforceable debt to the IRS or to a state agency, contact the IRS or that particular state agency.

For New York State tax liabilities only call 1 800 835-3554 (outside the U.S. and outside Canada call (518) 485-6800) or write to NYS Tax Department, Tax Compliance Division, W A Harriman Campus, Albany NY 12227.

Need help?

Business tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100 From areas 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.

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