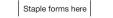


Amended return



New York State Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Tax Law – Article 9, Section 184-a

For calendar year 2009

Emplo	oyer identification number	File number	Business te	elephone number				If you claim an overpayment, mark
			()				an X in the box
Legal	name of corporation				Trade name/DE	ЗА		
Mailin	g name (if different from legal name above)				State or country	of incorporation	Date received (for Tax Department use only)
c/o								
	er and street or PO box				Date of incorpo	oration		
City		State	ZIP code		Foreign corpora business in NY	ations: date began S		
Web tax re	I need to update your address or phone information site at www.nystax.gov and look for the change my a eturn instructions.	address option.	Otherwise,	see Business ir	nformation in y	our franchise	Audit (for Tax D	Department use only)
-	u do business, employ capital, own or lea							
	muter Transportation District (MCTD), file							
	MCTD). If not, you do not have to file this	form. Howe	ver, you n	nust disclai	m liability fo	or the MTA		
surcl	harge on Form CT-184.							
Do	y amount shown on line 12. Make payab	lo to: Now Y	lork Stat	o Corporat	ion Tox		L F	Payment enclosed
At	tach your payment here. Detach all check	k stubs. (See	instruction	ns for details.)		A.	,
omp	utation of MTA surcharge						1	
1 N	ew York State franchise tax (from Form C1	<i>T-184-M-I,</i> Wo	rksheet for	r line 1, <i>line g</i>	ı)		1.	
	ICTD allocation percentage (from line 18, 2							%
3 A	llocated tax (multiply line 1 by line 2)						3.	
4 M	ITA surcharge (multiply line 3 by 17% (.17); fo	oreign authoriz	zed corpor	ations see in	structions)		4.	
Fi	irst installment of estimated tax for ne	xt tax period	d:			_		
a lf	you filed a request for extension, enter a	mount from	Form CT-	5.9, line 7			5a.	
	you did not file Form CT-5.9, see instruc							
6 A	dd lines 4 and 5a or 5b						6.	
7 To	otal prepayments (from line 31)						7.	
8 B	alance (if line 7 is less than line 6, subtract lin	e 7 from line 6	5)				8.	
9 E	stimated tax penalty (see instructions; mark	an X in the bo	ox if Form	CT-222 is atta	ached)		9.	
	terest on late payment (see instructions)					_		
	ate filing and late payment penalties (see					_		
	alance due (add lines 8 through 11 and enter							
3 O	verpayment (if line 6 is less than line 7, subtr	ract line 6 from	n line 7)				13.	
	mount of overpayment to be credited to							
	mount of overpayment to be credited to							
	mount of overpayment to be refunded (su		•					

Schedule A – Computation of MCTD allocation percentage (use 2009 figures)

Part 1 — General transportation or transmission corporations			A MCTD	B New York State
17	General transportation corporations: enter revenue miles or miles			
	of transportation. Cable television operators: enter gross receipts			
	(see instructions)	17.		
18	MCTD allocation percentage (divide line 17, column A,			
	by line 17, column B; enter here and on line 2)	18.	%	

Part 2 – Corporations operating vessels in MCTD territorial waters A B MCTD territorial waters NYS territorial waters 19 Aggregate number of working days...... 19. 20 MCTD allocation percentage (divide line 19, column A, by line 19, column B; enter here and on line 2) 20.

Part 3 — Telegraph corporations and local telephone corporations

			A MCTD	N	B ew York State	
21	Gross operating revenue from telegraph services (see instructions)	21.				
22	Gross operating revenue from local telephone services (see instructions)	22.				
23	Total gross operating revenue from telegraph services and local telephone services (add lines 21 and 22, column A and column B)	23.				
24	MCTD allocation percentage (divide line 23, column A, by line 23, column B; enter here and on line 2)	24.	%			

Composition of prepayments claimed on line 7 (see instructions)

				Date paid		Amount
25	Manda	atory first installment	25.			
26a		d installment from Form CT-400	26a.			
26b		nstallment from Form CT-400	26b.			
26c	Fourth					
27	Payme					
28						
29		ayment credited from prior year nes 25 through 28			9.	
30	Overp	ayment transferred from Form CT-184 Period			0.	
31		prepayments (add lines 29 and 30; enter here and on line 7)			1.	
	d – par signee			·	Design (nee's phone number)
(see	instructior	ns)				PIN
Certi	ficatio	n: I certify that this return and any attachments are to the best of r			e, corre	ect, and complete.
Aut	thorize	- 5 · · · · · · · · · · · · · · · · · · ·	ficial title			
p	erson	E-mail address of authorized person				Date
Pa	aid F	irm's name (or yours if self-employed)			ID nu	umber
1	barer S se	ignature of individual preparing this return Address		City		State ZIP code
o	nly E	-mail address of individual preparing this return				Date

See instructions for where to file.