



Tips for Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

Did you know? You can file and pay your employer's quarterly metropolitan commuter transportation mobility tax (MCTMT) electronically on our Web site. Visit us on the Web at **www.nystax.gov** to file and pay your MCTMT online instead of using Form MTA-305.

See Form MTA-305-I, *Instructions for Form MTA-305*, before completing your return.

Important information: When filing your initial return for 2009, file one return for the entire period even though this initial filing period may cover more than one quarter. Mark an **X** in the box that covers the ending date of your initial return filing period.

Form MTA-305 is included below. If you are not filing online, detach and mail the form with your payment.

Need help?



Internet access: *www.nystax.gov*
(for information, forms, and publications)



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
MCT Mobility Tax Information Center: (518) 485-2392
For in-state callers without free long distance: 1 866 579-2498
To order MCTMT forms (518) 485-2392
For in-state callers without free long distance: 1 866 579-2498



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, 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, call the information center.

▼ Cut on dotted line before filing this form ▼



Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

Amended return

MTA-305
(11/09)

Legal name			
Address (number and street or rural route)			Address change? Mark X (see instr.) <input type="checkbox"/>
City, village, or post office		State	ZIP code

Employer identification number (EIN)

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31 Apr 1 - Jun 30 July 1 - Sep 30 Oct 1 - Dec 31 Tax year

1 Payroll expense subject to the metropolitan commuter transportation mobility tax (MCTMT) (see instr.)	1.	<input type="text"/>	.	<input type="text"/>
2 MCTMT due for quarter (multiply line 1 by .34% (.0034))	2.	<input type="text"/>	.	<input type="text"/>
3 Total payments (see instructions)	3.	<input type="text"/>	.	<input type="text"/>
4 Total MCTMT amount due (if line 2 is more than line 3, subtract line 3 from line 2; pay this amount)	4.	<input type="text"/>	.	<input type="text"/>
5 Total MCTMT overpaid (if line 2 is less than line 3, subtract line 2 from line 3; enter here and mark an X in box 6a or 6b)	5.	<input type="text"/>	.	<input type="text"/>

6a. Refund or 6b. Credit to next quarter MCTMT

Scroll down to complete the back of Form MTA-305.

You **must** sign the back of Form MTA-305 and send the front, the back, and your payment to the address on the form.

▼ Cut on dotted line before filing this form ▼

MTA-305 (11/09) (back)

If you **permanently ceased paying wages**, enter the date (mm-dd-yy)

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼		▼ Taxpayer must sign here ▼	
Preparer's signature		Taxpayer's signature	
Firm's name (or yours, if self-employed)		Print signer's name	
Address		Title	
Preparer's e-mail		Date	Telephone number ()
Payroll service's name		E-mail:	
Payroll service's EIN			

Note: If you are using a paid preparer or a payroll service, the section above must be completed.

0122090094

Mail this return to:
MCTMT PROCESSING CENTER, PO BOX 4139, BINGHAMTON NY 13902-4139