





Metropolitan Commuter Transportation Mobility Tax Return

For Self-Employed Individuals (including partners)

For help completing w		For the full year Ja	- ,	009, through	h Dece	mber 31, 200		r beginning	0 9
For help completing your return, see instructions, Form MTA-6-I. Your first name and middle initial Your last name							Your social security number		
add						ark an X if dress ange	Amandad	l return	
City, village, or post office				State	ZIP cod		Amended	rieturii	
Enter your 2-digit sp if applicable (see ins			•				enter your sec ode	c ond 2-digit	•
		ployment allocated t							•
2 Metropolitan commuter transportation mobility tax (MCTMT) (multiply line 1 by .34% (.0034)) 2.									•
3 Total estimated MCTMT payments /payments with Form MTA-7 (see instructions)									
4 MCTMT amou	nt due (if lin	e 2 is more than line 3	3, subtract l	line 3 from li	ine 2; p	ay this amour	nt) 4.		•
-		ude this amount in line line 6; see instructions		5.			•		
6 MCTMT overpaid (if line 2 is less than line 3, subtract line 2 from line 3; enter here and mark an X in box 7a or 7b)							6.		
			7a.	Refund		or 7b.	. Credit to you	ur 2010 estimated l	мстмт 🗌
Third-party designee? (see instr.)	Print designee's name			(esignee's pho)	ne number		ll identification nber (PIN)	
Yes No No	E-mail:								
▼ Paid preparer must complete (see instructions) ▼							▼ Taxpaye	er must sign here V	
Preparer's signature			▼ SSN or PTIN:			Your sign ▶	ature		
Firm's name (or yours,	Employer identification number								
Address			Mark an X if self-employed			upation	▼ Daytime phone py	ımher	
				Date			▼ Daytime phone number		
E-mail:						E-mail:			

Make your check or money order payable to Commissioner of Taxation and Finance.

Mail to: MCTMT PROCESSING CENTER, PO BOX 4135, BINGHAMTON NY 13902-4135

For information about private delivery services, see instructions.