Attachment to Form MTA-505

Legal name of partnership			▼ Special MCTMT identification number	
	han a littera			(-141
Partners qualifying and participating in a met many Forms MTA-505-ATT as needed). Show a number order.	tropolitan commuter transp ny negative amounts with a	portation mobility tax (minus (-) sign. List parti	(MCIMI) group ret ners in alphabetical	t urn (<i>attach a</i> s or social security
A Name of partner (in either alphabetical or social security number order)	B Partner's social security number	Partner's net earnings from self-employment allocated to the MCTD	D MCTMT (multiply column C by .34% (.0034))	E Estimated MCTMT paid/amount paid with Form MTA-7
Totals (If you are filing more than one Form MTA-5 from all attachments on the last Form MTA-5 boxes blank. Attach all Forms MTA-505-ATT Enter totals on the appropriate line on I	505-ATT; leave the other total T to Form MTA-505.)			

Legal name of partnership	▼ Special MCTMT identification number

F Balance due (subtract column E from column D)	G Overpayment (subtract column D from column E)	H Other group returns (see instructions)
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