



# Metropolitan Commuter Transportation Mobility Tax Group Return for Partners

# MTA-505

For calendar year 2012 or fiscal year beginning  and ending

<b>Print or type</b>	<b>Read the instructions, Form MTA-505-I, before completing this return.</b>		
	Legal name of partnership		
	Trade name of business if different from legal name above		
	Address (number and street or rural route)		
	City, village, or post office	State	ZIP code

▼ Special MCTMT identification number

▼ Employer identification number

Amended return .....

**This form must be completed by a partnership that elects to file a group metropolitan commuter transportation mobility tax (MCTMT) return for partners. All requirements stated in the instructions must be met in order to file an MCTMT group return.**

Mark an **X** in the box if final return:  Enter the date your partnership ceased business activity in the Metropolitan Commuter Transportation District (MCTD):

Total number of partners included in this MCTMT group return:

You must complete Form MTA-505-ATT before making any entries on lines 1 through 5 below (see instructions).

**Attach Form MTA-505-ATT to the back of this return.**

- 1 Net earnings from self-employment allocated to the metropolitan commuter transportation district (MCTD) (from Form MTA-505-ATT, column C) ..... 1.  .
- 2 MCTMT (from Form MTA-505-ATT, column D) ..... 2.  .
- 3 Estimated MCTMT paid/amount paid with extension Form MTA-7 (from Form MTA-505-ATT, column E) .. 3.  .
- 4 MCTMT balance due (if line 2 is **more than** line 3, subtract line 3 from line 2). Do not send cash; make check or money order payable to **Commissioner of Taxation and Finance**; write your special MCTMT identification number and **2012 MTA-505** on it..... 4.  .
- 5 Amount overpaid to be applied to 2013 MCTMT estimated tax (if line 2 is **less than** line 3, subtract line 2 from line 3; see instructions) ..... 5.  .

<b>Third-party designee? (see instr.)</b> 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"/>

<b>▼ Paid preparer must complete (see instructions) ▼</b>		Date:
Preparer's signature	▶ Preparer's NYTPRIN	<input type="text"/>
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN	<input type="text"/>
Address	● Employer identification number	<input type="text"/>
	Mark an <b>X</b> if self-employed	<input type="checkbox"/>
E-mail:		

<b>▼ Group agent must complete and sign ▼</b>	
Name of group agent	
▶ Title of group agent	
● Signature of group agent	
Date	▼ Daytime phone number
E-mail:	

Mail your completed return to:  
**MCTMT PROCESSING CENTER, PO BOX 4141, BINGHAMTON NY 13902-4141**