Attachment to Form MTA-505

| Legal name of partnership | | | ▼ Special MCTM | ▼ Special MCTMT identification number | |
|--|---|---|---|--|--|
| Partners qualifying and participating in a me many Forms MTA-505-ATT as needed). Show a number order. | tropolitan commuter transpary negative amounts with a r | portation mobility tax (ninus (-) sign. List partn | (MCTMT) group ret | curn (attach as | |
| 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 | MCTMT (multiply column C by .34% (.0034)) | E Estimated MCTMT paid /amount paid with Form MTA-7 | |
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| Totals (If you are filing more than one Form MTA-5 from all attachments on the last Form MTA-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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