

New York State Department of Taxation and Finance

Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

MTA-30

Legal name Address (number and street or rural route) Mark an X in only one box to indicate the quarter (see instructions) State ZIP code Mark an X in only one box to indicate the quarter (see instructions) and enter the last two digits of the tax year. Number of employees – Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter. Enter your 2-character special condition code, if applicable (see instructions) If you permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT), enter the date (mmddyyyy) 1 Payroll expense subject to the MCTMT (see instructions)	or hole completing your return, and instructions. Form MTA 205 I			Amended return		
Mark an X in post office State ZIP code State ZIP code State Stat	For help completing your return, see instructions, Form MTA-305-I. Legal name			Employer identification number (EIN	N)	
State ZIP code State ZIP code State ZIP code State Apr 1 Apr	Mark X			Mark an X in only one box to incomplete separate return must be complete	ted for each quarter)	
Number of employees – Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter Enter your 2-character special condition code, if applicable (see instructions) If you permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT), enter the date (mmddyyyy) 1 Payroll expense subject to the MCTMT (see instructions) 2 MCTMT due for quarter (see instructions) 3 Total prepayments including PrompTax payments and/or overpayments from previous quarter (see instructions) 4 MCTMT balance due (if line 2 is more than line 3, subtract line 3 from line 2; pay this amount) 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) 6a. Refund or 6b. Credit to next quarter MCT 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 continued to the certification of the certi	lage, or post office			Jan 1 - Apr 1 - July 1 -	Oct 1 - Tax	
2 MCTMT due for quarter (see instructions)	er of employees – Enter the number of an	covered employees who	ose wages are	re included in the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Payroll expense subject to the MCTMT (see instructions)	your 2-character special condition code	, if applicable (see insti	ructions)			
2 MCTMT due for quarter (see instructions)						
3 Total prepayments including PrompTax payments and/or overpayments from previous quarter (see instructions) 3. 4 MCTMT balance due (if line 2 is more than line 3, subtract line 3 from line 2; pay this amount)	1 Payroll expense subject to the MCTMT (see instructions)					
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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 containing the print designee's name Designee's phone number (al prepayments including PrompTax payments	and/or overpayments from	n previous quar	rter (see instructions) 3.	•	
Ga. Refund or Gb. Credit to next quarter MCT 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 correct, and correct, and correct in the designee of the print designee's name	TMT balance due (if line 2 is more than lin	e 3, subtract line 3 from lin	ne 2; pay this a	mount) 4.		
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 containing the print designee's name Designee's phone number (al MCTMT overpaid (if line 2 is less than line 3, s	ubtract line 2 from line 3; ente	er here and mark a	an X in box 6a or 6b) 5 .		
designee ? (see instr.) Yes □ No □ E-mail: ▼ Paid preparer must complete (see instructions) ▼ Date: ▼ Taxpayer must sign here ▼		6a	. Refund	or 6b. Credit to nex	t quarter MCTMT	
designee ? (see instr.) Yes □ No □ E-mail: ▼ Paid preparer must complete (see instructions) ▼ Date: ▼ Taxpayer must sign here ▼	our return: I certify that the information on this	return and any attachmen	nts is to the best	t of my knowledge and belief true,	correct, and complete.	
▼ Paid preparer must complete (see instructions) ▼ Date: ▼ Taxpayer must sign here	in a party	Designee's phone number ()			Personal identification number (PIN)	
17	No E-mail:					
Preparer's signature ▶ Preparer's NYTPRIN Taxoaver's signature	Paid preparer must complete (see instructions)			▼ Taxpayer must sign	here ▼	
· · · · · · · · · · · · · · · · · · ·	reparer's signature ▶ Preparer's NYTPRIN		Tax	Taxpayer's signature		
Firm's name (or yours, if self-employed) ▼ Preparer's PTIN or SSN Print signer's name			SSN Pri			
Address • Employer identification number Title Deta Telephone number				<u> </u>		
Preparer's e-mail Mark an X if self-employed Payroll service's EIN E-mail				()		
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Note: If you are using a paid preparer or a payroll service, the section above must be completed.

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

Mail this return to: MCTMT PROCESSING CENTER

PO BOX 4139

BINGHAMTON NY 13902-4139