New York State Department of Taxation and Finance





Metropolitan Commuter Transportation Mobility Tax Return

For Self-Employed Individuals (including partners)

For help completing your return,	For the full year Janua		h Decemb	er 31, 2013,	-	beginning nd ending	1 3
Your first name and middle initial	-0-1.				Your social security number		
Mailing address (number and street or rural route) Apartment no. Mar add char					Amended	return	
City, village, or post office		State ZIP code			Amended		
Enter your 2-character speci if applicable (see <i>instructions</i>)				-	•	ond 2-character	
Net earnings from self-endistrict (MCTD) (see in:	mployment allocated to the	•		-			•
2 Metropolitan commuter t	ransportation mobility tax	(MCTMT) (multipl	ly line 1 by	.34% (.0034	4)) 2.		•
3 Total estimated MCTMT	payments and/or extension	on payments with	Form MT	A-7 (see ins	tructions) 3.		•
4 MCTMT balance due (if	line 2 is more than line 3, s	ubtract line 3 from li	ne 2; pay t	this amount)	4.		•
5 Estimated tax penalty (in reduce the overpayment of	clude this amount in line 4 o on line 6; see instructions)				•		
6 MCTMT overpaid (if line enter here and mark an X	2 is less than line 3, subtraction for 7b)				6 .		•
		7a. Refund		or 7b.	Credit to your	2014 estimated	MCTMT
Third-party designee ? (see instr.)	ignee's name		Desi	gnee's phone	e number		al identification mber (PIN)
Yes No E-mail:							
▼ Paid preparer must complet		Date: Preparer's NYTPRIN				r must sign here ▼	,
Preparer's signature Firm's name (or yours, if self-emple		Preparer's PTIN or SS	N N	Your signat	ure		
Address	•	Employer identification	number	Your occupa	ation		
		Mark an X if self-employed	, 	Date		▼ Daytime phone n	umber
E-mail:		11 1pio) ot		E-mail:		1	

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.