



Department of Taxation and Finance

Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

MTA-305

(7/23)

Amended return

For help completing your return, see instructions, Form MTA-305-I.

Legal name		
Mailing address (number and street or PO Box)		Address change? Mark X (see instr.) <input type="checkbox"/>
City, village, or post office	State	ZIP code

Employer identification number (EIN)

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the last two digits of the tax year.

Jan 1 - Mar 31 Apr 1 - Jun 30 July 1 - Sep 30 Oct 1 - Dec 31 Tax year

- A1** Number of employees in Zone 1 (New York [Manhattan], Bronx, Kings [Brooklyn], Queens, Richmond [Staten Island]) (see instructions)
- A2** Number of employees in Zone 2 (Rockland, Nassau, Suffolk, Orange, Putnam, Dutchess, Westchester) (see instr.)
- A3** Total number of employees – Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter (see instructions)
- B** Enter your 2-character special condition code, if applicable (see instructions)
- C** If you permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT), enter the date (mmddyyyy)

- 1a** Payroll expense attributable to Zone 1 (see instructions) **1a** .
- 1b** Payroll expense attributable to Zone 2 (see instructions) **1b** .
- 1c** Total payroll expense subject to the MCTMT (see instructions) **1c** .
- 2a** MCTMT due for quarter in Zone 1 (see instructions) **2a** .
- 2b** MCTMT due for quarter in Zone 2 (see instructions) **2b** .
- 2c** Total MCTMT due for quarter (add lines 2a and 2b) **2c** .
- 3** Total prepayments including PrompTax payments and/or overpayments from previous quarter (see instructions) **3** .
- 4** MCTMT balance due (if line 2c is more than line 3, subtract line 3 from line 2c; pay this amount) **4** .
- 5** Total MCTMT overpaid (if line 2c is less than line 3, subtract line 2c from line 3; enter here and mark an X in box 6a or 6b) **5** .

6a Refund or **6b** Credit to next quarter MCTMT

(continued)

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 complete.

Third-party designee ? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼		Date:
Preparer's signature	▶ Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN	
Address	● Employer identification number	
Preparer's email	NYTPRIN excl. code	
Payroll service's name	Payroll service's EIN	

▼ Taxpayer must sign here ▼	
Taxpayer's signature	
Print signer's name	
Title	
Date	Telephone number ()
Email	

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 in U.S. funds to: **Commissioner of Taxation and Finance**

Mail this return to: **MCTMT PROCESSING CENTER
PO BOX 4139
BINGHAMTON NY 13902-4139**