



Metropolitan Commuter Transportation Mobility Tax Return

For Self-Employed Individuals (including partners)

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ... **1 4**
and ending ...

For help completing your return, see instructions, Form MTA-6-I.

Your first name and middle initial		Your last name	
Mailing address (number and street or rural route)		Apartment no.	Mark an X if address change <input type="checkbox"/>
City, village, or post office	State	ZIP code	

Your social security number

Amended return

Enter your 2-character **special condition code** if applicable (see instructions)

If applicable, also enter your **second** 2-character special condition code

- 1 Net earnings from self-employment allocated to the metropolitan commuter transportation district (MCTD) (see instructions) 1. .
- 2 Metropolitan commuter transportation mobility tax (MCTMT) (multiply line 1 by .34% (.0034)) 2. .
- 3 Total estimated MCTMT payments and/or extension payments with Form MTA-7 (see instructions) 3. .
- 4 MCTMT balance due (if line 2 is more than line 3, subtract line 3 from line 2; pay this amount) 4. .
- 5 Estimated tax penalty (include this amount in line 4 or reduce the overpayment on line 6; see instructions) 5. .
- 6 MCTMT overpaid (if line 2 is less than line 3, subtract line 2 from line 3; enter here and mark an **X** in box 7a or 7b) 6. .

7a. Refund or 7b. Credit to your 2015 estimated tax (see instructions)

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)
	E-mail:		<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
E-mail:	Mark an X if self-employed <input type="checkbox"/>

▼ Taxpayer must sign here ▼	
Your signature	
Your occupation	
Date	▼ Daytime phone number
E-mail:	

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.