

CT-186-A/M

For calendar year **1986**

New York State Department of Taxation and Finance

Metropolitan Transportation Business Surcharge Report

Article 9, Section 186-c

Mail to: Processing Unit
P. O. Box 1909
Albany, NY 12201 - 1909
on or before March 16, 1987.

If there have been any changes in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete the enclosed Form DTF-95 . If no form is enclosed, call 1-800-462-6100 (from out of state, (518) 438-1073).	Employer identification number	File number	Official use only Date received
	Name		
	Number	Street	
	City or town	State	

ALL taxpayers required to file Form CT-186-A must complete this form.

Does this above named utility (taxable under Article 9, Section 186-a and filing Form CT-186-A) do business in the Metropolitan Commuter Transportation District, which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

Yes NO

If you answered "yes", complete this form and pay the tax surcharge.

If you answered "no", it is not necessary to complete Schedule E or F. However, this form **must** be signed by an officer and returned to: **Processing Unit, P. O. Box 1909, Albany, NY 12201 - 1909**

Pay amount shown at line 9, Schedule E — Make check payable to NY State Corporation Tax	\$	Payment	•
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Schedule E — Computation of Tax Surcharge

1. Net New York State franchise tax from Form CT-186-A, Schedule A, line 5	1	\$	•
2. MCTD allocation percentage from Schedule F, line 13	2		% •
3. Allocated tax — multiply line 1 by line 2	3	\$	•
4. Tax surcharge — multiply line 3 by 17%	4	\$	•
5. Prepayments (a) payment with CT-5.9		\$	•
(b) credit transferred from CT- _____ Period		\$	•
total prepayments claimed	5	\$	
6. Balance — subtract line 5 from line 4	6	\$	
7. Interest	7	\$	•
8. Additional charges	8	\$	•
9. BALANCE DUE — add lines 6, 7 and 8	9	\$	•
10. Overpayment — subtract line 4 from line 5			
a. refund of overpayment	10a	\$	•
b. credit to NY State franchise tax CT- _____ Period	10b	\$	•

CERTIFICATION BY TAXPAYER OR AGENT

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Date Signature of taxpayer or agent Official title

Date Signature of preparer or name of firm Preparer's address

Schedule F — Computation of MCTD Allocation Percentage		A MCTD	B New York State
11. Gross operating income from Form CT-186-A, Schedule A, line 4	11		\$
12. Gross operating income included at line 11 which was derived from sources within the Metropolitan Commuter Transportation District	12	\$	
13. MCTD allocation percentage — Column A divided by column B		13	%

INSTRUCTIONS

Who Must File

Every utility, person, corporation, company, association or joint-stock association **not** subject to the supervision of the State Department of Public Service, who is engaged in the sale or furnishing of gas, electricity, steam, water, refrigeration, telephone or telegraph service delivered through mains, pipes or wires for ultimate consumption within this state must file this report. This includes all taxpayers filing Form CT-186-A.

Change of Business Information

If there have been any changes in your business' name, ID number, mailing address, business address, telephone number or owner/officer information, complete the enclosed Form DTF-95, *Change of Business Information*. If no form is enclosed, call **1-800-462-8100** (from out of state (518) 438-1073) to request one.

Mail your completed Form DTF-95 to:

**New York State Tax Department
Registration Section —
Building 8, Room 409
W. A. Harriman Campus
Albany, NY 12227-0125**

If there are no changes to your business' information, keep this Form DTF-95 in your files. In the event a change occurs, complete the form and send it to the Tax Department as soon as possible.

Who Must Pay the Surcharge

Every taxpayer who files Form CT-186-A and is engaged in the sale or furnishing of gas, electricity, steam, water, refrigeration, telephone or telegraph within the Metropolitan Commuter Transportation District (MCTD) must pay a business tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

Tax Rate

17% for calendar year 1986.

The surcharge rate is applied to the portion of tax, after deduction of any credits, imposed under Section 186-a attributable to the taxpayer's activities carried on within the MCTD.

Time for Filing

Two and one-half months after the close of the calendar year March 16, 1987.

Payment of Tax Surcharge

The entire tax surcharge must be paid on or before the original due date of the report.

Extension of Time for Filing Tax Surcharge Report

A request for an extension of time to file a tax surcharge report must be filed on Form CT-5.9 on or before the due date of the report, for the taxable period from which the extension is requested.

Requirements for a valid extension for all MTB tax surcharge reports are as follows:

- a. A separate application for extension, along with any estimated tax surcharge payments that may be due, must be filed on or before the due date of the report for the taxable period for which this extension is requested,
- and
- b. The total tax surcharge payment for the period for which this extension is requested must equal 90% of the tax surcharge as finally determined.

Specific Instructions

All taxpayers who file Form CT-186-A must answer "yes" or "no" to the question preceding Schedule E. **It is essential that utilities not doing business in the Metropolitan Commuter Transportation District disclaim liability for the tax surcharge by answering "no".**

Schedule E — Computation of Tax Surcharge

- Line 1. Enter your New York State franchise tax from your franchise tax report, Form CT-186-A, Schedule A, line 5.
- Line 2. Enter your MCTD allocation percentage from Schedule F, line 13.
- Line 5a. Enter any payment made with Form CT-5.9, *Application for Three-Month Extension*.
- Line 5b. You can apply an overpayment of franchise tax made on your franchise tax report, Form CT-186-A. Enter at this line the form number, period in which the overpayment occurred (use month and year) and amount to be applied. At the overpayment line of your Form CT-186-A, indicate the amount of money to be applied to the MTB tax surcharge.
- Line 7. If the tax is not paid on or before the due date (without regard to any extension of time) interest must be paid on the amount of the underpayment from the due date to the date paid. The interest rate should be determined in accordance with Part 603 of the Tax Regulations.
- Line 8. Additional charges for late filing are computed on the amount of tax less any payment made on or before the prescribed due date.
 - a. If a return is not filed when due or if the application for extension is invalid add to the tax 5% per month up to 25% (Section 1085(a)(1)(A)).
 - b. If a return is not filed within 60 days of the prescribed due date the addition to tax cannot be less than the smaller of \$100 or 100% of the amount required to be shown as tax (Section 1085(a)(1)(B)).
 - c. In case of failure to pay the tax shown on a return, add to the tax ½% per month up to 25% (Section 1085(a)(2)).
 - d. The total of the additional charges in a and c may not exceed 5% for any one month, except as provided for in b above (Section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment (Section 1085).

Schedule F — Computation of MCTD Allocation Percentage

Determine your MCTD allocation percentage by dividing your gross operating income from sources in the MCTD by your gross operating income from all sources in New York State.

- If you do all your New York State business within the 12 counties of the MCTD, enter 100% at line 13 and at line 2, Schedule E.
- If you do part of your business outside the MCTD compute your MCTD allocation percentage by completing this schedule.