CT-186-A/M



Metropolitan Transportation Business Tax Surcharge Return

For calendar year 1989

Emplo	yer ident	ification nu	mber							File nu	ımber			If vo	our name		For offic	e use only		
Name			— I would have employer identification number, address or										•							
Numb	owner/ officer information has changed, file Form DTF-95 (see instructions).														Date received					
State or country of incorporation date / Foreign corporations: date began business in NY Business telephone number																				
Dutch	ess, N		Orang	ge, Pu	ıtnam,	Rock	land,	Suffolk	and	Westo	chester	you	must c	compl	New York, Br lete this form			do not n	eed to file	
A. P	A. Payment - pay amount shown on line 12 — Make check payable to: New York State Corporation Tax																Payment	enclosed		
Com	omputation of MCTD Allocation Percentage Gross operating income (from Form CT-186-A, line 4,															1				
	Gross operating income included on line 1 which was derived from sources within the Metropolitan Commuter Transportation District															!				
									М	ICTD :	allocati	on pe	rcenta	ge (di	ivide line 2 by	line 1)	3			%
Com	computation of Tax Surcharge Net New York State tranchise tax (from Form CT-186-A, line 5,														line 5)	4				
	Allocated tax (multiply line 4 by line 3													line 3)	5					
											-	Tax su	rcharg	je (mu	ultiply line 5 by	y 17%)	6			
								Prepay	ments	s with	Form	CT-5.9	7a 🛮	L				94		
	Credi	t transfe	erred	from I	Form (CT					Period		7b							
										Total	l prepa	ymen	s clain	med (add lines 7a a	ind 7b)	8		<u></u>	
								Balance	e (if lin	ne 8 is	smalle	r than	line 6 :	subtra	act line 8 from	line 6)	9			
											Inter	est or	late p	oayme	ent <i>(see instru</i>	ıctions)	10	i		
	Late filing and late payment penalties (see instructions														uctions.	11				
	Balance due (add lines 9, 10 and 11 - enter amount on line A														line A	12	J			
	Overpayment (if line 6 is smaller than line 8 subtract line 6 from line 8														line 8)	13				
	Amount of overpayment to be refunde														unded	14	I			
An	nount	of overp	oayme	ent to	be cre	edited	to N	ew York	State	e fran	chise t	ax Fo	rm CT-		<u> </u>	Period	15			
Certif Date	icatio	n: I cer	tify th					attachrr jent or e				est of	my kn		dge and beli	ef true	e, corre	ct and c	omplete.	
Date				Signat	ture of	individ	ual o	r name (of firm	prepa	aring thi	s retu	'n	Prep	parer's address	s .				

Instructions

Who Must File

Utilities, persons, corporations, companies, associations or joint-stock associations not subject to the supervision of the State Department of Public Service, who sell or furnish gas, electricity, steam, water, refrigeration, telephone or telegraph services within the Metropolitan Commuter Transportation District (MCTD) must file Form CT-186-A/M and pay a business tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Sutfolk and Westchester.

Change of Business Information

If there have been any changes in your business' name, identification number, mailing address, business address, telephone number or owner/officer information, complete the enclosed Form DTF-95, Change of Business Information. If you need a form call 1 800 462-8100 (from out of state (518) 438-1073) to request one.

Mail your completed Form DTF-95 to:

NYS Tax Department Registration Section — Building 8. Room 409 W. A. Harriman Campus Albany, NY 12227

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.

Tax Rate

The Metropolitan Transportation Business tax surcharge applies to tax years beginning on or after January 1, 1982, but ending before December 31, 1990. The surcharge will not be imposed upon any taxpayer for more than 96 months.

The surcharge rate for 1989 is 17%. It is applied to the portion of tax imposed under Section 186-a, after deduction of any credits attributable to the taxpayer's activities carried on within the MCTD.

When and Where to File

Mail this return with any payment due to:

NYS Corporation Tax Processing Unit P. O. Box 1909 Albany, NY 12201-1909

on or before March 15, 1990.

Extension of Time for Filing Tax Surcharge Return

You may request additional time to file a tax surcharge return. File Form CT-5.9 on or before the due date of the return for which the extension is requested and pay the tax surcharge estimated to be due. The payment must equal or exceed 90% of the tax surcharge as finally determined.

Line A. After completing your return, enter the amount of your payment. Your payment should be the full amount shown on line 12.

Computation of MCTD Allocation Percentage

If you do all your New York State business within the 12 counties of the MCTD, enter 100% on line 3.

If you do part of your business outside the MCTD compute your MCTD allocation percentage by completing lines 1 through 3.

- Lines 1 Enter your gross operating income from sources within
- and 2. New York State on line 1 and your gross operating income from sources within the MCTD on line 2.
- Line 3. Divide line 2 by line 1. This is your MCTD allocation percentage.

Computation of Tax Surcharge

- Line 4. Enter your New York State franchise tax from Form CT-186-A, Schedule A, line 5.
- Line 5. Multiply line 4 by line 3.
- Line 7a. Enter any payment made with Form CT-5.9, Application for Three-Month Extension.
- Line 7b. You can apply an overpayment of franchise tax from Form CT-186-A. Enter the form number, period in which the overpayment occurred (month and year) and amount to be applied. On the overpayment line of your Form CT-186-A, indicate the amount of money to be applied to the MTB tax surcharge.
- Line 10. If you do not pay the tax on or before the due date (without regard to any extension of time) you must pay interest on the amount of the underpayment from the due date to the date paid.

You may call the Taxpayer Assistance Bureau for the current interest rate or to have the interest computed for you. Call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State call (518) 438-8581.

- Line 11. Late filing and late payment penalties are computed on the amount of tax less any payment made on or before the due date.
 - a. If you do not file a return 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 you do not file a return within 60 days of the 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. If you do not 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).

Line 13. If line 6 is smaller than line 8, subtract line 6 from line 8. This is the amount of overpayment. You may divide it on lines 14 and 15 in any way you choose