



**Metropolitan Transportation
Business Tax Surcharge Return**

For calendar year 1989

Employer identification number _____	File number _____	*	If your name, employer identification number, address or owner/ officer information has changed, file Form DTF-95 (see instructions).	For office use only Date received _____
Name _____				
Number and street _____	City or town _____	State _____		ZIP code _____
State or country of incorporation _____	date ____/____/____	Foreign corporations: date began business in NY _____	Business telephone number () _____	

If you carry on business or exercise your corporate franchise in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTB tax surcharge on Form CT-186.

A. Payment - pay amount shown on line 15 — Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of MCTD Allocation Percentage	A MCTD	B New York State
Gross earnings from operating revenue	1	
Gross earnings from interest	2	
Gross earnings from dividends	3	
Gross earnings from other revenues	4	
Total (add lines 1 through 4)	5	
MCTD allocation percentage (divide line 5, Column A by Column B)	6	%

Computation of Tax Surcharge

Net New York State franchise tax (from Form CT-186, line 7)	7	
Allocated tax (multiply line 7 by line 6)	8	
Tax surcharge (multiply line 8 by 17%)	9	
Prepayments with Form CT-5.9	10a	
Credit transferred from Form CT- _____	10b	
Total prepayments claimed (add lines 10a and 10b)	11	
Balance (if line 11 is smaller than line 9, subtract line 11 from line 9)	12	
Interest on late payment	13	
Late filing and late payment penalties	14	
Balance due (add lines 12, 13 and 14 — enter payment on line A)	15	
Overpayment (if line 9 is smaller than line 11, subtract line 9 from line 11)	16	
Amount of overpayment to be refunded	17	
Amount of overpayment to be credited to New York State franchise tax, CT- _____	18	

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of elected officer or authorized person	Official title
Date	Signature of preparer or name of firm preparing this return	Preparer's address

Instructions

Who Must File

Corporations, joint stock companies, associations or publicly traded partnerships principally engaged in the business of supplying water, steam or gas delivered through mains or pipes or supplying electricity within the Metropolitan Commuter Transportation District

(MCTD) must file Form CT-186-M and 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.

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

The surcharge rate is applied to the portion of tax, after deduction of any credits, imposed by Section 186 attributable to the taxpayer's business activity carried on within the MCTD. The tax rate for calendar year 1989 is 17%.

When and Where to File

Mail this return and 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.

Specific Instructions

Line A. After completing your return, enter the amount of your payment. Your payment should be the full amount shown on line 15.

Computation of MCTD Allocation Percentage

Lines 1-4. Enter gross earnings from sources within the MCTD in Column A and your gross earnings from all sources within New York State in Column B.

Line 6. Divide line 5, Column A by line 5, Column B. This is your MCTD allocation percentage.

If you do all of your New York State business within the 12 counties of the MCTD, enter 100% on line 6.

If you do part of your business outside of the MCTD and you completed Schedule A on Form CT-186, the New York State figures appearing in Column A of that Schedule A must be used in Column B on this form.

Computation of Tax Surcharge

Line 7. Enter your New York State franchise tax from Form CT-186, line 7.

Line 10a. Enter any payment made with Form CT-5.9, *Application for Three-Month Extension*.

Line 10b. You can apply an overpayment of franchise tax from Form CT-186 to this surcharge. Enter the period in which the overpayment occurred (month and year) and amount to be applied. On the overpayment line of Form CT-186 indicate the amount of money to be applied to the MTB tax surcharge.

Line 13. 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 rate or to have the interest computed for you; 1 800 CALL TAX (1 800 225-5829); outside New York State (518) 438-8581.

Line 14. Late filing and late payment penalties are computed on the amount of tax less any payment made on or before the due date.

- 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)).
- 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)).
- If you do not pay the tax shown on a return, add to the tax 1/2% per month up to 25% (section 1085(a)(2)).
- 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 16. If line 9 is smaller than line 11, subtract line 9 from line 11. This is the amount of overpayment. You may divide it on lines 17 and 18 in any way you choose.