

## **CT-183-M**

# Metropolitan Transportation Business Tax Surcharge Return

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Emp	ployer identification number									File number							eı	mployer	our name, oloyer ntification number,			e use	only			12	
Number and street City or town								State ZIP code						ode	address or owner / officer information has changed, file Form DTF-95 (see instructions).				ate red	eived							
Trade name									State or country of incorporation								date /										
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If you you	u do bu York, B do not h	siness, fronx, K nave to	emplo (ings, C file this	y capit Queens s form	tal, owi s, Rich . Howe	n or I mond	lease d, Du you r	proutohe must	perty ess, N disc	, or lass laim	mai au, liat	ntain Orar pility	n an nge, for t	office Putna he M	in am, TB i	the Roc ax	Metro kland surch	opol d, S arge	itan Co suffolk a e on Fo	mmuter Tra nd Westch rm CT-183.	anspo ester	rtatio ), you	n Dist must	rict (l	MCTE this fo	D), (cou orm. If	inties of not,
Α.																				Corporati			Pay	ment	enclos	sed	
ae	1 NYS franchise tax from 1990 Form CT-18							3, line 6																			
ar	´   2	2 MCTD allocation percentage from line 2																									%
된	3 /	3 Allocated tax (multiply line 1 by line 2)																									
Surcharge	4 1	MTB T	ax sur	charg	arge (multiply line 3 by				17%	(.17	<i>))</i> .					٠	<del> , .</del>			<del> </del>		. 4					
	5 F	Prepay	ments	with	Form	5.9 <i>.</i>			· · · ·		, <i>.</i>	٠٠٠;		• • • •		5											
Tax	6 (	orm	CT-5.9					<u> I</u>		91100		6								erekani.	min and a second		_				
<u>6</u>	7 Total prepayments claimed (add lines 5 and 6)																										
MTB	8 Balance (If line 7 is smaller than line 4, subtract line 7 from line 4)														<u> </u>												
₹	9 Interest on late payment (compute on amount from line 8)																										
9 Interest on late payment (compute on amount from line 8)  10 Additional late charges (compute on amount from line 8)  11 Balance due (add lines 8, 9 and 10; enter payment on line A above)  12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7)  13 Amount of overpayment to be credited to NYS franchise tax  14 Amount of overpayment to be refunded (subtract lines 13 and 14 from line 12)																											
뜵	11																						<b>.</b>				
뜮	12 (	12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7)																·									
2	.   13 /																							•			
Ş	14 /																										<u> </u>
<del></del>	110 /																					. 15					
Sch	redule	<u> </u>	Com	puta	tion o	of M	ICT	D A	lloc	atio	n I	Perc	cen	tage		Us	e 19	990	) Figu	res							
Part	I — M	ĊΤD Δ	llocati	on - (	Genera	al Tre	anen	orts	ition	and	i Te	aner	miee	ion (	:orr	ora	tions				erag	age Value for the Year					
Part I — MCTD Allocation - General Transportation								and manishingsion corpora						3	·····	мстр		-		N	lew Yo	3 rk State					
16	Accounts receivable																[1	16									
17	Shares of stock of other companies owned (a							d <i>(att</i>	ach	list	shov	ving															
	corpo	corporate name, shares held and actual value) .										. <i></i>					₫	17				-					
18	Bonds	Bonds, loans and other securities, except US							US (																		
	held, used or employed															<u>  1</u>	18										
19	Lease	holds .															_1	19					ļ				
20	Real e	eal estate owned										· · · ·			٠	,	2	20									
21		II other assets (except cash and investments in L									_							21									
22	Total (a	add line	es 16 tl	rough	21) .												<u>  2</u>	22									
23	MCTD	alloca	tion p	ercen	tage (	divide	e line	<i>22</i> ,	, colu	mn .	A, b	y lin	ie 22	e, colu	ımn	B;	-										
	enter	here a	nd on	line 2)	<u></u>	<u></u>	<u> </u>				سند		<u></u>	· · · · ·			2	23				%		rangle of the			
Part II — MCTD Allocation - For Corporations Operating Vessels in MCTD Territorial Waters  A MCTD Territorial Waters											aters		B New York State Territorial Waters														
	4 Aggregate number of working days																										
25 MCTD allocation percentage (divide line 24, column A, by line 24, column B;																											
enter here and on line 2)											• • • •						,		%				gan plate				
Cert	ificatio	n. I cer	tify tha	t this i	return a	and a	any a	attac	hmen	its a	re to	o the	bes	st of n	ny k	now	ledge	e ar	nd belie	f true, corre	ect a	nd co	mplet	е.			
Date Signature of elected officer or						rorau	Ithorized person C								Official title	ficial title											
Date Signature of individual or name								name	of firm preparing this return Pr								Preparer's	eparer's address									

#### **Instructions**

#### **General Information**

#### Who Must File

If you file Form CT-183, use Form CT-183-M to report and pay the metropolitan transportation business (MTB) tax surcharge.

If you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD) you must pay an MTB tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

#### MTB Tax Surcharge Rate

The MTB tax surcharge rate is 17% for calendar year 1991.

#### When and Where to File

File this return and any amount due on or before March 16, 1992.

Mail return to: NYS Corporation Tax
Processing Unit
P.O. Box 1909
Albany, NY 12201-1909

You may request additional time to file an MTB 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 MTB tax surcharge estimated to be due.

Your total MTB tax surcharge payment must either:

- equal or exceed 100% of the MTB tax surcharge for the preceding year (if it was for a period of 12 months); or
- equal or exceed 90% of the MTB tax surcharge for this period as finally determined.

#### **Identifying Information**

To ensure that your corporation tax forms are processed as quickly and efficiently as possible, it is important that we have the necessary identifying information from your preprinted mailing label. Please include your employer identification number and file number on each form filed. These numbers can be copied directly from the label. Do not use the label on this form.

If you use a paid preparer or accounting firm, make sure they use the label information when completing all forms prepared for you.

#### 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 Form DTF-95, *Change of Business Information*. If you don't have a form, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

#### Computation of MTB Tax Surcharge

Line 1 - Enter your New York State franchise tax from your 1990 return, Form CT-183, line 6.

- Line 2 Enter the MCTD allocation percentage from line 23 or line 25.
- Line 5 Enter any payment made with Form CT-5.9, Application for Three-Month Extension.
- Line 6 You can apply an overpayment of franchise tax from Form CT-183 to your MTB liability. Enter the period in which the overpayment occurred (month and year) and amount to be applied. On the overpayment line of Form CT-183 indicate the amount to be applied to the MTB tax surcharge.
- **Line 8** If line 7 is less than line 4, subtract line 7 from line 4 to compute your unpaid balance. If line 4 is less than line 7, go to line 12 for overpayments.
- Line 9 and 10 If you are not filing this return on time, you must pay interest and additional charges (see Interest and Additional Charges on page 4 of booklet).

**Line 12** - If line 4 is less than line 7, subtract line 4 from line 7. This is the amount of overpayment. You may divide it on lines 13, 14, and 15 in any way you choose.

## Schedule A — Computation of MCTD Allocation Percentage — Section 183-a

If you do **all** of your New York State business within the 12 counties of the MCTD you do not need to complete this schedule. Enter 100% on line 2. If you do part of your New York State business **outside** the MCTD, you must compute an MCTD allocation percentage by completing the appropriate part(s) of this schedule.

Corporations taxable under Article 9, section 183, are required to pay an annual tax, computed on the basis of the preceding year. Therefore, the computation of your 1991 tax surcharge and MCTD allocation percentage must be based on amounts from your 1990 Form CT-183. This return was due on March 15, 1991.

#### Part I — General Transportation and Transmission Corporations

All corporations taxable under section 183-a, except corporations operating vessels, must use Part I of Schedule A to compute their MCTD allocation percentage. The same instructions used for 1990 Form CT-183, Schedule A, Part I, apply except you must substitute New York State for Everywhere and MCTD for New York State.

### Part II — Corporations Operating Vessels in MCTD Territorial Waters

Corporations operating vessels in the navigable lakes, rivers, streams and waters within New York State and the MCTD must use Part II to compute their section 183-a MCTD allocation percentage. The allocation percentage is computed by dividing the aggregate number of working days of the vessels owned or leased in all navigable lakes, rivers, streams and waters within the MCTD by the aggregate number of working days of the vessels owned or leased in New York State territorial waters.