

CT-186-M

Metropolitan Transportation Business Tax Surcharge Return

	*						For	calendar year	1991	
Emp	loyer identification number		1 1	File number		If your name,	For office us	e only		
						employer identification number, address or				
Nam	e					owner/ officer information has	Date receive	ed		
Num	ber and street	City or town		State	ZIP code	changed, file Form				
		•				DTF-95 (see instructions).				
Stat	e or country of incorporation	date	Foreign corpo	rations:	Business	telephone number	1			
Ola	or dodning or modification	1	date began business in N		()				
If vo	u carry on business or ex	ercise vour corp	orate franch	se in the Me	tropolitan Con	nmuter Transportation	District (the	e counties of Nev	v York,	
Bron	x. Kinas. Queens, Richmo	nd, Dutchess, I	Nassau, Orai	nge, Putnam,	. Rockland, Sι	uffolk and Westchester), you mus	t file this form. If	not,	
you	do not have to file this for	m. However, yo	u must discla	aim liability fo	or the MTB tax	x surcharge on Form (CT-186.			
_	Payment - pay amount sl				***************************************		Pa	ayment enclosed		
L	Payment - pay amount si	lown on line is	- Wake of	сск рауавіс	to: New York			В	l	
Con	nputation of MCTD All		A MCTD		New York State					
	Gross earnings from ope	rating revenue			1					
_	Gross earnings from inter									
2	Gross earnings from divid				3					
4	Gross earnings from other									
5	Total (add lines 1 through 4									
_	MCTD allocation percenta						6		%	
	nputation of MTB Tax		, column A, D	y iirie 5, coluir	<i>III D) .</i>					
	Net New York State franc		orm CT186 li	ne 7)			7			
,										
9	Allocated tax (Induspry line 7)									
9	First installment of estima									
100				om Form CT-	59 line 5		10a			
	Da If application for extension was filed, enter amount from Form CT-5.9, line 5									
	Add lines 9 and 10a or 1						11			
11										
12	Prepayments (see instruction	ons)		Period	13					
13	Credit transferred from F	OIIII C I			13		14			
14										
15										
16										
17	Late filling and late payment	t penalties (see if	ATD tox our	haraa Farm	CT 222 attach	and fif none enter f	'o'') 18 ■			
18									_	
19	Balance due (add lines 1						20			
	Overpayment (if line 11 is				4)		21			
	Amount of overpayment									
	Amount of overpayment									
23	Amount of overpayment	to be credited to	MIB tax s	urcnarge for	1992		23			
Cer	tification. I certify that this	s return and an	y attachment	s are to the	best of my kn	owledge and belief tru	e, correct	and complete.		
Date Signature of elected office						Official title				
_	to.	Signature of pr	anarer or nom	e of firm prop	aring this return	n Preparer's	address			
Da	ıe	i Signature of Dr	sparer or nam	ie oi iirili piep	anny uno returi	, I icpaicis	~~~			

Instructions

General Information

Who Must File

If you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD) you must pay a metropolitan transportation

business (MTB) tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

If you file Form CT-186 (Article 9, section 186 taxpayers), use Form CT-186-M to report and pay the MTB tax surcharge.

1991 Law Change

Effective for tax periods beginning in 1991 and thereafter, any corporation doing business in the Metropolitan Commutor Transportation District that is required to make a declaration of estimated franchise tax and tax surcharge must also make a declaration of estimated metropolitan transportation business (MTB) tax surcharge and make quarterly installment payments on Form CT-400. For additional information see Form CT-400-I and instructions for line 10b.

MTB Tax Surcharge Rate

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

When and Where to File

File this return and pay 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

Extension of Time for Filing MTB Tax Surcharge Return

You may request additional time to file a 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 MIB tax surcharge payment must:

- 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, identification 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.

Specific Instructions

Line A — After completing your return, enter the amount of your payment. Your payment should be the full amount shown on line 19.

Computation of MCTD Allocation Percentage

Lines 1-4 — Enter gross earnings from sources within the MCTD in column A and 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 MTB Tax Surcharge

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

First Installment of Estimated Tax for 1992 (Line 10a or 10b)

Line 10a — If you have filed an application for extension (Form CT-5.9), enter the amount from line 5 of Form CT-5.9.

Line 10b — Enter 25% of the amount on line 9, if:

- you did not file Form CT-5.9, and
- the franchise tax plus the tax surcharge on Form CT-186, line 9, is more than \$1,000.

Enter "0" if:

you did not file Form CT-5.9, and
the franchise tax plus the tax surcharge on Form CT-186, line 9 is not more than \$1,000.

Line 12 — Prepayments include one or more of the following:

- mandatory first installment from prior year;
- installment payments made with Form CT-400; and
- payments made with Form CT-5.9.

Line 13 — You can apply an overpayment of franchise tax from Form CT-186 to this MTB tax 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 16 — If you do not pay the MTB tax surcharge 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. From New York State, call toll free 1 800 CALL TAX (1 800 225-5829); from areas outside New York State, call (518) 438-8581.

Line 17 — Late filing and late payment penalties are computed on the amount of MTB tax surcharge 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 MTB tax surcharge 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 above 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 18 — If you underpaid your estimated tax use Form CT-222. *Underpayment of Estimated Tax by Corporations*, to compute the penalty. Attach Form CT-222 and check box.

No penalty will be imposed if by September 15, 1991, you filed a declaration of estimated MTB tax surcharge and made the required payments of MTB tax surcharge due on or before September 15, 1991.

Line 20 — If line 11 is less than line 14, subtract line 11 from line 14. This is the amount of overpayment. You may divide it on lines 21, 22 and 23 in any way you choose.