

CT-184-M

Metropolitan Transportation Business Tax (MTA Surcharge) Return

				A Law - Artiolo 3,	<u> </u>	a		Fo	or calendar year	r 1992
Em	nployer identification number	l l 1		File number	1	If your nam	е,	For office	use only	
Na	ıme					employer identificatio	n number			
						address or	owner/			
Nu	imber and street		City or town	State	ZIP code	officer infor has change		Date rece	eived	
			, 0	Otate	ZIP COde	Form DTF-9				
L						instructions				
Tra	ade name			State or country of inco	orporation	date				
						1				
Bu	usiness telephone number		Foreign corpor	ations: date began busine	ess in NYS					
)						,			
If yo	u do business, employ ca	pital, own or lea	se property, or ma	intain an office in the Me	tropolitan Comm	uter Transports	tion District (MCTD) (counties of New York E	Brony
you i	u do business, employ ca s, Queens, Richmond, Du must disclaim liability for	itchess, Nassau, the MTA surchar	Orange, Putnam, 199 on Form CT-18	Rockland, Suffolk and W 4.	/estchester), you	must file this f	orm. If not, y	ou do not	have to file this form.	However,
									Payment enclosed	
^	. Payment — pay a	mount shown	n on line 12 —	Make check payab	ole to: New Y	ork State C	orporatio	ı Tax	ı ayındık enclosed	
	1 NYS franchi	se tay from 1	1992 Form CT	184, line 4						
	2 MCTD alloca	ation nercent:	age from line	18, 20 or 22, which	······································	abla	• • • • • • • •	. 1		
	3 Allocated tax	(multiply line	age nom me	10, 20 Of 22, WINCHE	ever is applic	able	• • • • • • • • •	. 2		%
Surcharge	4 MTA surchar	co (multiply lille	n Obustan (d			• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	. 3		
ā	First installment	ge (muluply ii	ne 3 by 17% (.1	<i>7))</i>		• • • • • • • • • •	• • • • • • • • •	. 4		
5						_				
S	5a If application	or extensio	on was filed, ei	nter amount from Fo	orm CT-5.9, lii	ne 5	• • • • • • • • •	. <u>5</u> a		
	5b If Form CT-5	9 was not til	ea, <i>(see instru</i>	ctions)			• • • • • • • •	. <u>5</u> b		
Ę	6 Add lines 4	and 5a or 5b						. 6		
=	7 Total prepay	ments claime	ed <i>(enter amoun</i>	t from line 29)				. 7		
Computation of MTA	8 Balance (if li	ne 7 is less th	an line 6, subtra	act line 7 from line 6)	,			. 8		
Ö	9 Interest on la	ate payment	(see instructions	s)				. 9		
tat	10 Late filing ar	nd late payme	ent penalties (see in <u>stru</u> ctions)				. 10		
D	11 Penalty for ι	ınderpaymen	t of estimated	tax - Check box if	Form CT-222 is	attached (if nor	ne, enter "0")	. 11		
Ē	12 Balance due	ା (add lines 8ିଏ	through 11 - ente	er amount here and or	n line A above)		. 12		
ပိ	13 Overpaymen	it (if line 6 is	less than line	7, subtract line 6 fr	om line 7)			. 13		
	14 Amount of o	verpayment t	to be credited	to NYS Franchise to	ax			. 14		
	15 Amount of o	verpayment t	to be credited	to MTA surcharge for	or 1993			. 15		
	16 Amount of o	verpayment t	o be refunded	(subtract lines 14 a	and 15 from I	ine 13)		. 16		
Sch	edule A — Comp	utation of N	ICTD Allocat	ion Percentage —	Section 18	4-a — He	1992 Fi	CILITAG		
						- u - U - U - U - U - U - U - U - U - U		guics		
aπ	I — MCTD Allocatio	n — Section	184-a — Genei	ral Transportation Co	rporations		MCTD		B Now York Otol	
17	(trucking, pipe	imes, railroad	as, messenger	services, etc.)			MCID		New York Stat	te
17	Revenue mileage or	miles of trai	nsportation	• • • • • • • • • • • • • • • • • • • •		<u> </u>				
ı	MCTD allocation pe	rcentage <i>(divi</i>	ide line 17, colui	mn A,						
) a sub						<u> </u>		%		
-aπ	II — MCTD Allocat			ting Vessels in MCT	rd	MOTE T	Α		В	
	Territorial Wat					MCID I	erritorial Wa	ters	NYS Territorial Wa	aters
19	Aggregate number of	of working da	ıys		<u>19</u>)				
20	MCTD allocation pe	rcentage <i>(divi</i>	ide line 19, colui	mn A,	1	1				
	by line 19, column E	; enter here a	nd on line 2)		20)		%		
Part	art III — MCTD Allocation for Telephone and						Α	В		
	Telegraph Corporations only — Section 184-a						MCTD		New York Stat	te
21	Gross operating revenue from services									
22	MCTD allocation per	rcentage <i>(divi</i>	mn A,							
	by line 21, column B	3; enter here a	nd on line 2)		22	2		%		
Cert	ification. I certify th						nd heliof 4		root and samplete	
Date					DOSE OF THE KI			ue, cor	rect and complete	
Signature of ele			elected officer o	ted officer or authorized person Official title			ficial title			
Data										
Date Signature of pr			preparer or nam	arer or name of firm preparing this return Preparer's a				ress		

Prepayments

Co	mposition of Prepayments Claimed on line 7		***		
		Date of Payment	Amount		
23	Mandatory first installment				
	CT-400 installments				
	(2)				
	(3)				
25	Payment with extension application, Form CT-5.9, line A	2.			
26	Credit from prior years				
27	Add lines 23 through 26				
28	Credit transferred from Form CT-184	eriod			
29	Total prepayments (add lines 27 and 28; enter here and on line 7)				

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 file Form CT-184-M and pay the metropolitan transportation business tax surcharge on business done in the Metropolitan Transportation Authority region (MTA surcharge). The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

If you file Form CT-184, use Form CT-184-M to report and pay the MTA surcharge.

When and Where to File

File this return and any amount due on or before March 15, 1993.

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

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

Your total MTA surcharge payment:

- must equal or exceed 100% of the MTA surcharge for the preceding year (if it was for a period of 12 months); or
- equal or exceed 90% of the MTA 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. If

1 800 462-8100. From areas outside New York State, call (518) 438-1073. If your address has changed, check the box next to the name and address on Form CT-184.

Computation of MTA Surcharge

Line 1 - All transportation and transmission corporations: Enter the New York State franchise tax from your 1992 franchise tax return, Form CT-184, line 4.

 $\mbox{\bf Line~2}$ - Enter the MCTD allocation percentage from Schedule A, Part I, II or III, whichever is appropriate.

Telephone and telegraph corporations enter the MCTD allocation percentage described in Schedule A, Part III instructions.

Line 4 - The surcharge rate is 17% for the calendar year 1992.

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

Line 5b - Enter 25% (.25) of the amount on line 4, if:

— franchise tax plus the tax surcharge on Form CT-184, line 6, is more than \$1,000.

Enter "0" if:

— franchise tax plus tax surcharge on Form CT-184, line 6 is not more than \$1,000.

Line 8 - If line 7 is less than line 6, subtract line 7 from line 6 to compute your unpaid balance. If line 6 is less than line 7, go to line 13 for overpayments.

Line 9 - If you do not pay the MTA surcharge by March 15, 1993, you must pay interest on the amount of the underpayment from the due date to the date paid. Exclude from the interest computation any amount shown on line 5a or 5b, first installment of estimated tax for the next period. You may call the Taxpayer Assistance Bureau for the current 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 10 - Additional charges for late filing are computed on the amount of MTA surcharge less any payment made on or before the due date. Exclude from the penalty computation any amount shown on line 5a or 5b, first installment of estimated tax for the next period.

- a. If you do not file a return when due or if the application for extension is invalid, add to the MTA surcharge 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 MTA surcharge 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 MTA surcharge shown on a return, add to the MTA surcharge 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 11 - 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. If no CT-222 penalty is due, enter "0" on line 11.

Line 13 - If line 6 is less than line 7, subtract line 6 from line 7. This is the amount of overpayment. You may divide it on lines 14, 15 and 16 in any way you choose.

Schedule A — Computation of MCTD Allocation Percentage — Section 184-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 business outside the MCTD, you must compute an MCTD allocation percentage by completing the appropriate part of this schedule.

Part I — General Transportation Corporations

General transportation corporations such as trucking, pipeline, railroad and messenger service companies must use this section to compute their section 184-a MCTD allocation percentage which is based on miles traveled within the 12 counties of the MCTD compared to total miles traveled in New York State.

Part II — Corporations Operating Vessels in MCTD Territorial Waters

Corporations operating vessels must use Part II. The same type of information used on Form CT-183 in Schedule A, Part II is required; however, you must use 1992 figures.

Part III — Telephone and Telegraph Companies

A telephone or telegraph corporation must determine the portion of its tax attributable to business activity carried on within the MCTD by multiplying the tax imposed under section 184 of this article by the ratio of its total gross operating revenue from transmission services performed wholly within the MCTD to its total gross operating revenue from transmission services performed within the entire state during the period covered by the return. Attach a statement showing the computation.