

CT-186-A/M

Utility Services MTA Surcharge Return

If your name, employer identification number, address or owner/ officer

Tax Law — Article 9, Section 186-c

For calendar year 1993

For office use only

IN	umber and street	City or tow	vn State	ZIP code	informatio changed, DTF-95 (s instruction	d, file Form (see	Date received		
S	tate or country of incorporation	date /	Foreign corporations: date began business in NYS	Business	telephone n	umber			
If v	ou do business in the Met	ropolitan Comr	nuter Transportation District (tl	he counties	of New Y	ork. Bronx.	Kinas. Q	ueens. Richmond.	······································
		-	nd, Suffolk and Westchester),				-		this
			r the MTA surcharge on Form		O		.0., ,00		
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A	. Payment - pay amount sh	nown on line 1	4 — Make check payable to:	New York S	State Corp	poration Ta	x	Payment enclosed	
Co	mputation of Metropol	itan Commu	ter Transportation Distric	t Allocatio	on Perce	ntage			
1	Gross operating income (from Form CT-18	36-A, line 4)				1		
2	Gross operating income i	ncluded on lin-	e 1 which was derived from s	ources withi	in the MC	TD	2		
_3	MCTD allocation percentage	ige (divide line .	2 by line 1)				3		%
Co	mputation of MTA Sur	charge							
4	Net New York State franc	hise tax (from	Form CT-186-A, line 5)				4	<u> </u>	
			· · · · · · · · · · · · · · · · · · ·						
			7))						
	First installment of estima	ted tax for 199	 9 4 :						
7a	If application for extensio	n was filed, en	iter amount from Form CT-5.9,	line 5			7a	1	
7b	If Form CT-5.9 was not file	ed, see instruc	tions				7b		
8									
9									
			act line 9 from line 8)				· · ·		
	·)						
	• •	•	see instructions)						
		•	ITA surcharge (check if Form CT						†
	•		ter payment on line A above)				· —		1
			subtract line 8 from line 9)						
			ine o nom ine ej						+
	· •		to New York State franchise ta						†
			to MTA surcharge for 1994						+
	mposition of Prepayment								
	mpoorton of tropayin					Date P	aid	Amount	
19	Mandatory first installmen	+				Date 1	ald	Amount	
	-								1
20	O1-400 mstamments							,	+
					(2)				
21	Doumant with ovtancian or	nlication Form	CT-5.9, line A		(3)			·	+
	•	•				L			+
	• •								+
	•		····			Period		<u> </u>	1
			on line 9)					L	+
					1-1				
			ny attachments are to the bes		wledge ar		e, correc	t and complete.	
Da	te	Signature of el	ected officer or authorized person	n		Official title			
Da	te	Signature of preparer or name of firm preparing this return				Preparer's address			

Instructions

General Information

Who Must File

A taxpayer filing Form CT-186-A that does business in the Metropolitan Commuter Transportation District (MCTD) must also file Form CT-186-A/M and pay a 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, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

MTA Surcharge Rate

The MTA surcharge rate is 17% for calendar year 1993.

When and Where to File

File this return and any amount due on or before March 15, 1994.

Mail return to: NYS CORPORATION TAX PROCESSING UNIT P O BOX 1909 ALBANY NY 12201-1909

Extension of Time for Filing MTA Surcharge Return

You may request additional time to file an MTA surcharge return. To do this, file Form CT-5.9, *Application for Three-Month Extension of Time to File an Article 9 Tax Return*, on or before the due date of the return for which the extension is requested and pay the MTA surcharge estimated to be due.

The MTA surcharge estimated to be due on Form CT-5.9, line 4, must either:

- 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.

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.

Line A — After completing your return, enter the amount of your payment. Your payment should be the full amount shown on line 14.

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.

Line 1 — Enter your gross operating income from sources within New York State

Line 2 — Enter your gross operating income from sources within the MCTD.

Line 3 — Divide line 2 by line 1. This is your MCTD allocation percentage.

Computation of MTA Surcharge

Line 4 — Enter your New York State franchise tax from Form CT-186-A, line 5.

First Installment of Estimated Tax for 1994 (Line 7a or 7b)

If on Form CT-186-A you are required to make a first installment of estimated franchise tax and state tax surcharge for 1994, you must also make a first installment of the MTA surcharge for 1994.

Line 7a — If you have filed an application for extension (Form CT-5.9), enter the amount from line 5 of Form CT-5.9.

Line 7b - Enter 25% of the amount on line 6, if:

- you did not file Form CT-5.9, and
- the franchise tax plus the state tax surcharge on Form CT-186-A, line 7, is more than \$1,000.

Enter "0" if:

- you did not file Form CT-5.9, and
- the franchise tax plus the state tax surcharge on Form CT-186-A, line 7, is not more than \$1,000.

Line 11 — If you do not pay the MTA 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. Exclude from the interest computation any amount shown on line 7a or 7b, first installment of estimated tax for 1994.

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 12 — Late filing and late payment penalties are computed on the amount of the MTA surcharge less any payment made on or before the due date. Exclude from the penalty computation any amount shown on line 7a or 7b, first installment of estimated tax for 1994.

- 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)).
- 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 MTA surcharge (section 1085(a)(1)(B)).
- c. If you do not pay the MTA 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 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 you underpaid your estimated MTA surcharge for 1993, use Form CT-222, *Underpayment of Estimated Tax by a Corporation*, to compute the penalty. Attach Form CT-222 and check box. If no penalty is due, enter "0" on line 13.

Line 15 — If line 8 is less than line 9, subtract line 8 from line 9. This is the amount of overpayment. You may divide it on lines 16, 17 and 18 in any way you choose.

Need Help?

Phone For forms or publications, call toll free (from New York State only) 1 800 462-8100.
From areas outside New York State, call (518) 438-1073.

For information, call the Business Tax Information Center toll free (from the continental U.S. only) 1 800 972-1233. You can also 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.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

Write If you need to write, address your letter to NYS Tax Department. Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.