



# CT-186-M

New York State Department of Taxation and Finance

## Utility Corporation MTA Surcharge Return

Tax Law — Article 9, Section 186-b

For calendar year 1998

Employer identification number		File number		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.	For office use only
Mailing name and address	Legal name of corporation				Date received
	Mailing name (if different from legal name above) and address				
	C/O Number and street or PO Box				
City		State	ZIP code		
<input type="checkbox"/> Check box if overpayment claimed	Principal business activity	State or country of incorporation	Date of incorporation	Foreign corporations: date began business in NYS	

If you carry on business or exercise your corporate franchise in the Metropolitan Commuter Transportation District (see instructions for counties), you must file this form. If not, you do not have to file this form; however, you must disclaim liability for the Metropolitan Transportation Business Tax (MTA Surcharge) on Form CT-186.

<b>A. Payment</b> — pay amount shown on line 16. Make check payable to: <b>New York State Corporation Tax</b> Attach your payment here.	Payment enclosed
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Computation of MCTD Allocation Percentage		(A) MCTD	(B) New York State
1	Gross earnings from operating revenue		
2	Gross earnings from interest and dividends		
3	Gross earnings from other revenues		
4	Total (add lines 1 through 3, column A; see instructions for column B)		
5	MCTD allocation percentage (divide line 4, column A, by line 4, column B)		%

Computation of MTA Surcharge		
6	Net New York State franchise tax (from Form CT-186, line 7)	
7	Allocated tax (multiply line 6 by line 5)	
8	MTA surcharge (Multiply line 7 by 17% (.17). Foreign corporations, see instructions.)	
First installment of estimated MTA surcharge for next period:		
9a	If a request for extension was filed, enter MTA surcharge from Form CT-5.9, line 7	
9b	If Form CT-5.9 was not filed, see instructions	
10	Add lines 8 and 9a or 9b	
11	Total prepayments (from line 27)	
12	Balance (if line 11 is less than line 10, subtract line 11 from line 10)	
13	Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached; <input type="checkbox"/> if none, enter "0")	
14	Interest on late payment (see instructions)	
15	Late filing and late payment penalties (see instructions)	
16	Balance due (add lines 12 through 15; enter payment on line A above)	
17	Overpayment (if line 10 is less than line 11, subtract line 10 from line 11)	
18	Amount of overpayment to be credited to New York State franchise tax	
19	Amount of overpayment to be credited to MTA surcharge for next period	
20	Amount of overpayment to be refunded	

Composition of Prepayments Claimed on Line 11		Date Paid	Amount
21	Mandatory first installment	21 / /	
22a	Second installment	22a / /	
22b	Third installment	22b / /	
22c	Fourth installment	22c / /	
23	Payment with extension request, Form CT-5.9, line 10	23 / /	
24	Credit from prior years		
25	Add lines 21 through 24		
26	Credit from Form CT-186 <input type="text" value="Period"/>		
27	Total (add lines 25 and 26; enter here and on line 11)		

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this return

Mail return by March 15, 1999, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

# Instructions

## General Information

### Who Must File

A taxpayer filing Form CT-186, who does business or exercises a corporate franchise in the Metropolitan Commuter Transportation District (MCTD), must also file Form CT-186-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.

### When and Where to File

This return is due on March 15, following the close of the tax year. If March 15 falls on a Saturday, Sunday, or legal holiday in any year, the return is due on the next business day. Mail return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**. If you use a delivery service other than the U.S. Postal Service, see *Private Delivery Services* in the instructions for Form CT-186.

### Extension of Time for Filing MTA Surcharge Return

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.

### Employer Identification Number, File Number, and Other Identifying Information

To assist us in processing your corporation tax return as quickly and efficiently as possible, it is important that we have the necessary identifying information from your preprinted label. **Keep a record of the label information for future use.** Please be certain to include your employer identification number and file number on each corporation tax form mailed. This will facilitate processing of your return to the correct account. Without this information, we may not be able to process your return.

If you use a paid preparer or accounting firm, make sure they use the mailing label or 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 and you have not previously notified us, complete Form DTF-95, *Change of Business Information*. For information about ordering forms, refer to the **Need Help?** box.

### Amended Return

If you are filing an amended return, please write **Amended Return** across the top.

## Line Instructions

**Whole Dollar Amounts** - You may elect to show amounts in whole dollars rather than dollars and cents. Round an amount from 50 cents through 99 cents to the next higher dollar, and round any amount less than 50 cents to the next lower dollar.

**Percentages** - When computing allocation percentages, convert decimals into percentages by moving the decimal point two spaces to the right. Percentages should be carried out to four decimal places. For example:  $5,000/7,500 = .6666666 = 66.6667\%$ .

**Negative amounts, if any, should be shown in parentheses.**

**Line A** — Make your payment in United States funds. A foreign check or foreign money order will only be accepted if payable through a United States bank or if marked **Payable in U.S. Funds**.

### Computation of MCTD Allocation Percentage

**Lines 1-3** — Enter gross earnings from sources within the MCTD in column A.

**Line 4 — Column A** — Add lines 1 through 3. **Column B** — Enter the gross earnings within New York State from Form CT-186, line 25, column A. Use the same method of accounting to compute both MCTD and New York State gross earnings (that is, either the accounting rule allocation method or the formula rule allocation method).

**Line 5** — Divide line 4, column A, by line 4, 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 5.

### Computation of MTA Surcharge

**Line 8** — The MTA surcharge rate is 17%.

**Foreign authorized corporations only:** see Form CT-186-I, *Instructions for Form CT-186*, Page 1, *Maintenance Fee - Foreign Corporations*.

### First Installment of Estimated MTA Surcharge for the next period (Line 9a or 9b)

If, on your Form CT-186, you are required to make a first installment of estimated franchise tax for the next period, you must also make a first installment of the MTA surcharge for the next period.

**Line 9b** — Enter 25% of the amount on line 8, if:

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

Enter "0" if you did not file Form CT-5.9 and the franchise tax on Form CT-186, line 7, is **not** more than \$1,000.

**Line 13** — If you underpaid your estimated MTA surcharge, use Form CT-222, *Underpayment of Estimated Tax by a Corporation*, to compute the penalty. Attach Form CT-222, check the box, and enter the penalty on line 13.

**Line 14** — If you do not pay the MTA surcharge on or before the original due date (determined **without** regard to any extension of time for filing), you must pay interest on the amount of the underpayment from the original due date to the date you paid. Exclude from the interest computation any amount shown on line 9a or 9b, first installment of estimated MTA surcharge for the next period.

**Line 15** — Late filing and late payment penalties are computed on the amount of MTA surcharge less any payment you made on or before the due date determined **with** regard to any extension of time for filing. Exclude from the penalty computation any amount shown on line 9a or 9b, first installment of MTA surcharge for the next period.

- A If you do not file an MTA surcharge return when due or if the request 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 the MTA surcharge in item A above 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 MTA surcharge  $\frac{1}{2}\%$  per month up to 25% (section 1085(a)(2)).
- D The total of the additional charges in items A and C above may not exceed 5% for any one month, except as provided for in item 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).

**Note:** You may have the interest (line 14) and penalty (line 15) computed for you by calling the Business Tax Information Center at the number listed in the **Need Help?** box below.

**Line 17** — If line 10 is less than line 11, subtract line 10 from line 11. This is the amount of overpayment. You may divide it on lines 18, 19, and 20 in any way you choose.

**Line 20 — Collection of debts from your refund** — We will keep all or part of your refund if you owe a past-due legally enforceable debt to the Internal Revenue Service or a New York State agency. This includes any state department, board, bureau, division, commission, committee, public authority, public benefit corporation, council, office, or other entity performing a governmental or proprietary function for the state or a social services district. Any amount over your debt will be refunded.

If you have any questions about whether you owe a past-due legally enforceable debt to the Internal Revenue Service or a state agency, contact the IRS or that particular state agency.

For New York State tax liabilities **only** call 1 800 835-3554 (outside the U.S. and Canada call (518) 485-6800) or write to NYS TAX DEPARTMENT, TAX COMPLIANCE DIVISION, W A HARRIMAN CAMPUS, ALBANY NY 12227.

## Need Help?

**Telephone Assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

**Fax-on-Demand Forms Ordering System** - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

**Internet Access** - <http://www.tax.state.ny.us>  
Access our website for forms, publications, and information.

**Hotline for the Hearing and Speech Impaired** - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities** - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

**Mailing Address** - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.