



# CT-183-M

Amended return

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New York State Department of Taxation and Finance

## Transportation and Transmission Corporation MTA Surcharge Return

Tax Law — Article 9, Section 183-a

For calendar year 2004

Employer identification number	File number	Business telephone number ( )	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above)		State or country of incorporation	Date received (for Tax Department use only)
c/o		Date of incorporation	
Number and street or PO box		Foreign corporations: date began business in NYS	
City	State	ZIP code	
If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the <i>Need help?</i> section of the instructions.			Audit (for Tax Department use only)

File this form if you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) (see instructions). If not, you need not file this form, but you must disclaim liability for the MTA surcharge on Form CT-183.

<b>A.</b> Pay amount shown on line 11. Make check payable to: <b>New York State Corporation Tax</b>		Payment enclosed	
Attach your payment here. Detach all check stubs.		<b>A.</b>	
<b>Computation of MTA surcharge</b>	1 New York State franchise tax from 2003 Form CT-183, line 6	1.	
	2 MCTD allocation percentage from line 23 or 25	2.	%
	3 Allocated tax (multiply line 1 by line 2)	3.	
	4 MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions)	4.	
	5 Prepayments with Form CT-5.9, line 10	5.	
	6 Overpayment (from Form CT-183) <small>Period</small>	6.	
	7 Total prepayments (add lines 5 and 6)	7.	
	8 Balance (if line 7 is less than line 4, subtract line 7 from line 4)	8.	
	9 Interest on late payment (compute on amount from line 8; see instructions)	9.	
	10 Additional late charges (compute on amount from line 8; see instructions)	10.	
	11 Balance due (add lines 8, 9, and 10; enter payment here and on line A above)	11.	
	12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7)	12.	
	13 Amount of overpayment to be credited to New York State franchise tax	13.	
	14 Amount of overpayment to be credited to MTA surcharge for next period	14.	
	15 Amount of overpayment refunded (subtract lines 13 and 14 from line 12)	15.	

### Schedule A — Computation of MCTD allocation percentage — section 183-a (see instructions)

Part I — MCTD allocation — General transportation and transmission corporations		A MCTD	B New York State
16	Accounts receivable	16.	
17	Shares of stock of other companies owned (attach list showing corporate name, shares held, and actual value)	17.	
18	Bonds, loans, and other securities, except U.S. obligations	18.	
19	Leaseholds	19.	
20	Real estate owned	20.	
21	All other assets (except cash and investments in U.S. obligations)	21.	
22	Total (add lines 16 through 21)	22.	
23	MCTD allocation percentage (divide line 22, column A, by line 22, column B; enter here and on line 2)	23.	%
Part II — MCTD allocation — Corporations operating vessels in MCTD territorial waters		A MCTD territorial waters	B New York State territorial waters
24	Aggregate number of working days	24.	
25	MCTD allocation percentage (divide line 24, col. A, by line 24, col. B; enter here and on line 2)	25.	%

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

Signature of authorized person		Official title	Date
<b>Paid preparer use only</b>	Signature of individual preparing this return	Firm's name (or yours if self-employed)	
	Address	City	State ZIP code ID number Date

— Notes —