



CT-186-P/M

Staple forms here |
New York State Department of Taxation and Finance

Utility Services MTA Surcharge Return

Tax Law – Article 9, Section 186-c

Amended return

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) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)
City			Date of incorporation	
State	ZIP code	Foreign corporations: date began business in NYS		
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 on Form CT-186-P/M-I, <i>Instructions for Form CT-186-P/M</i> .				

If you do business in the Metropolitan Commuter Transportation District (MCTD) (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester) you must complete this form. If not, you do not need to file this form. However, you must disclaim liability for the metropolitan transportation business tax (MTA surcharge) on Form CT-186-P. See *Who must file* in the instructions.

A. Pay amount shown on line 14. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A.

Computation of MTA surcharge

1	Receipt amount on Form CT-186-P, lines 22, 25, 32, 35, and 42 derived from sources within the MCTD	1.	
2	Receipt amount on Form CT-186-P, lines 22, 25, 32, 35, and 42	2.	
3	MCTD allocation percentage (divide line 1 by line 2)	3.	%
4	Tax after long-term care insurance tax credit on Form CT-186-P, line 3	4.	
5	Allocated tax (multiply line 3 by line 4)	5.	
6	MTA surcharge (multiply line 5 by 17% (.17))	6.	
First installment of estimated MTA surcharge for the next period:			
7a	If you filed a request for extension, enter amount from Form CT-5.9, line 7	7a.	
7b	If you did not file Form CT-5.9, see instructions	7b.	
8	Total (add line 6 and line 7a or 7b)	8.	
9	Total prepayments (from line 25)	9.	
10	Balance (if line 9 is less than line 8, subtract line 9 from line 8)	10.	
11	Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	11.	
12	Interest on late payment (see instructions)	12.	
13	Late filing and late payment penalties (see instructions)	13.	
14	Balance due (add lines 10 through 13; enter payment here and on line A above)	14.	
15	Overpayment (if line 8 is less than line 9, subtract line 8 from line 9)	15.	
16	Amount of overpayment to be credited to New York State tax	16.	
17	Amount of overpayment to be credited to MTA surcharge for the next period	17.	
18	Amount of overpayment to be refunded	18.	

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
Paid preparer use only	Signature of individual preparing this return	Firm's name (or yours if self-employed)	
	Address	City	State ZIP code ID number Date

Mail your return by March 15, 2005, to:

**NYS CORPORATION TAX
PROCESSING UNIT
PO BOX 22038
ALBANY NY 12201-2038**

Composition of prepayments claimed on line 9 <i>(see instructions)</i>		Date paid	Amount
19	Mandatory first installment	19.	
20a	Second installment from Form CT-400	20a.	
20b	Third installment from Form CT-400	20b.	
20c	Fourth installment from Form CT-400	20c.	
21	Payment with extension request <i>(from Form CT-5.9, line 10)</i>	21.	
22	Overpayment credited from prior years	22.	
23	Add lines 19 through 22	23.	
24	Overpayment credited from Form CT-186-P	24.	
25	Total prepayments <i>(add lines 23 and 24; enter here and on line 9)</i>	25.	