



CT-186-P/M

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 2005

| | | | | |
|---|-------------|-----------------------------------|---|--|
| 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 | Foreign corporations: date began business in NYS | |
| 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 *Need help?* section on Form CT-186-P/M-I, *Instructions for Form CT-186-P/M*.

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. | A. Payment enclosed |
|--|----------------------------|

Computation of MTA surcharge

| | | | |
|---|---|-----|---|
| 1 | Receipt amount on Form CT-186-P, line 21 derived from sources within the MCTD | 1. | |
| 2 | Receipt amount on Form CT-186-P, line 21 | 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. | |

| | | | |
|-------------------------------|--|--------------------------------|--------------------------------------|
| Third - party designee | Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/> | | |
| | Designee's name | Designee's phone number () | Personal identification number (PIN) |

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, 2006, 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. | |