



CT-186-M

Amended return

Staple forms here

New York State Department of Taxation and Finance

Utility Corporation MTA Surcharge Return

For continuing section 186 taxpayers only (certain independent power producers)

Tax Law – Article 9, Section 186-b

For calendar year 2006

Employer identification number	File number	Principal business activity	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) and address		State or country of incorporation	Date received (for Tax Department use only)
c/o		Date of incorporation	
Number and street or PO box			
City	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 *Need help?* in the instructions.

A. Pay amount shown on line 16. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A. Payment enclosed <input type="checkbox"/>
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Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage	A MCTD		B New York State	
	1 Gross earnings from operating revenue.....	1.		
2 Gross earnings from interest and dividends	2.			
3 Gross earnings from other revenues.....	3.			
4 Total (see instructions)	4.			
5 MCTD allocation percentage (divide line 4, column A, by line 4, column B)	5.			%

Computation of MTA surcharge			
6 Net New York State franchise tax (from Form CT-186, line 7)	6.		
7 Allocated tax (multiply line 6 by line 5)	7.		
8 Metropolitan transportation business tax (MTA surcharge) (multiply line 7 by 17% (.17); foreign corporations, see instructions)	8.		
First installment of estimated MTA surcharge for next period:			
9a If you filed a request for extension, enter MTA surcharge from Form CT-5.9, line 7	9a.		
9b If you did not file Form CT-5.9, see instructions	9b.		
10 Add lines 8 and 9a or 9b	10.		
11 Total prepayments (from line 27)	11.		
12 Balance (if line 11 is less than line 10, subtract line 11 from line 10)	12.		
13 Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	13.		
14 Interest on late payment (see instructions)	14.		
15 Late filing and late payment penalties (see instructions)	15.		
16 Balance due (add lines 12 through 15 and enter here; enter the payment amount on line A above)	16.		
17 Overpayment (if line 10 is less than line 11, subtract line 10 from line 11)	17.		
18 Amount of overpayment to be credited to New York State franchise tax	18.		
19 Amount of overpayment to be credited to MTA surcharge for next period	19.		
20 Amount of overpayment to be refunded.....	20.		

Composition of prepayments claimed on line 11 (see instructions)		Date paid	Amount
21	Mandatory first installment.....	21.	
22a	Second installment from Form CT-400.....	22a.	
22b	Third installment from Form CT-400.....	22b.	
22c	Fourth installment from Form CT-400.....	22c.	
23	Payment with extension request (from Form CT-5.9, line 10).....	23.	
24	Overpayment credited from prior years.....	24.	
25	Add lines 21 through 24.....	25.	
26	Overpayment credited from Form CT-186 <input type="text" value="Period"/>	26.	
27	Total prepayments (add lines 25 and 26; enter here and on line 11).....	27.	

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 <input type="text"/>	Designee's phone number (<input type="text"/>) <input type="text"/>	Personal identification number (PIN) <input type="text"/>

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

See instructions for where to file.