



CT-184-M

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New York State Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Tax Law — Article 9, Section 184-a

Amended return

For calendar year 2008

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 State ZIP code			Date of incorporation	
			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 <i>Need help?</i> in the instructions.				Audit (for Tax Department use only)

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184.

A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
	A.

Computation of MTA surcharge

1	New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g)	1.		
2	MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable)	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.		
First installment of estimated tax for next tax period:				
5a	If you filed a request for extension, enter amount from Form CT-5.9, line 7	5a.		
5b	If you did not file Form CT-5.9, see instructions	5b.		
6	Add lines 4 and 5a or 5b	6.		
7	Total prepayments (from line 31)	7.		
8	Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8.		
9	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	9.		
10	Interest on late payment (see instructions)	10.		
11	Late filing and late payment penalties (see instructions)	11.		
12	Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12.		
13	Overpayment (if line 6 is less than line 7, subtract line 6 from line 7)	13.		
14	Amount of overpayment to be credited to New York State franchise tax	14.		
15	Amount of overpayment to be credited to MTA surcharge for next tax period	15.		
16	Amount of overpayment to be refunded (subtract lines 14 and 15 from line 13)	16.		

Schedule A — Computation of MCTD allocation percentage (use 2008 figures)

Part 1 — General transportation or transmission corporations		A MCTD	B New York State
17	General transportation corporations: enter revenue miles or miles of transportation. Cable television operators: enter gross receipts (see instructions)		
18	MCTD allocation percentage (divide line 17, column A, by line 17, column B; enter here and on line 2)	%	

Part 2 — Corporations operating vessels in MCTD territorial waters		A MCTD territorial waters	B NYS territorial waters
19	Aggregate number of working days		
20	MCTD allocation percentage (divide line 19, column A, by line 19, column B; enter here and on line 2)	%	

Part 3 — Telegraph corporations and local telephone corporations		A MCTD	B New York State
21	Gross operating revenue from telegraph services (see instructions)		
22	Gross operating revenue from local telephone services (see instructions) ..		
23	Total gross operating revenue from telegraph services and local telephone services (add lines 21 and 22, column A and column B)		
24	MCTD allocation percentage (divide line 23, column A, by line 23, column B; enter here and on line 2)	%	

Composition of prepayments claimed on line 7 (see instructions)

	Date paid	Amount
25	Mandatory first installment	
26a	Second installment from Form CT-400	
26b	Third installment from Form CT-400	
26c	Fourth installment from Form CT-400	
27	Payment with extension request, from Form CT-5.9, line 10	
28	Overpayment credited from prior year	
29	Add lines 25 through 28	
30	Overpayment transferred from Form CT-184 <input type="text" value="Period"/>	
31	Total prepayments (add lines 29 and 30; enter here and on line 7)	

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		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.

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

See instructions for where to file.