Staple forms here

2009

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 **2009**

Employer identification number	File number	Business telephone number ( )		If you claim an overpayment, mark an *X* in the box ☐

Legal name of corporation	Trade name/DBA

Mailing name *(if different from legal name above)* c/o	State or country of incorporation	*Date received (for Tax Department use only)*
Number and street or PO box	Date of incorporation	
City State ZIP code	Foreign corporations: date began business in NYS	

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at *www.nystax.gov* and look for the change my address option. Otherwise, see *Business information* in your franchise tax return instructions.

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 payable to: ***New York State Corporation Tax*** Attach your payment here. Detach all check stubs. *(See instructions for details.)*	**A.**	Payment enclosed

Computation of MTA surcharge

1	Receipt amount on Form CT-186-P, line 3 derived from sources within the MCTD	**1.**	
2	Receipt amount on Form CT-186-P, line 3	**2.**	
3	MCTD allocation percentage *(divide line 1 by line 2)* ●	**3.**	%
4	Tax after credits on Form CT-186-P, line 6 ●	**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	Estimated tax penalty *(see instructions; mark an X in the box if Form CT-222 is attached)* ● ☐ ●	**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 and enter here; enter the payment amount 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.**	

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Composition of prepayments claimed on line 9 *(see instructions)*		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 *(from Form CT-5.9, line 10)*	**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 *(add lines 23 and 24; enter here and on line 9)*		**25.**		

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*		Designee's phone number ( )	
	Designee's e-mail address			PIN	

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.

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