



# CT-184-M

New York State Department of Taxation and Finance

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# Transportation and Transmission Corporation MTA Surcharge Return

Tax Law — Article 9, Section 184-a

Amended return

For calendar year 2010

|   |             |                                  |  |   |
|---|-------------|----------------------------------|--|---|
| Employer identification number  | File number | Business telephone number<br>( ) |  | If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/> |
| Legal name of corporation   |             |                                  | Trade name/DBA                                   |   |
| Mailing name (if different from legal name above)<br>c/o<br>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 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 <a href="http://www.nystax.gov">www.nystax.gov</a> and look for the change my address option. Otherwise, see <i>Business information</i> in Form CT-1. |             |                                  |  | 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.

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

### 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.  |   |
| <b>First installment of estimated tax for next tax period:</b> |   |     |   |
| 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 <b>X</b> 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 2010 figures)**

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

| <b>Part 2 – Corporations operating vessels in MCTD territorial waters</b>   |            | <b>A</b><br>MCTD territorial waters | <b>B</b><br>NYS territorial waters |
|---|------------|-------------------------------------|------------------------------------|
| <b>19</b> Aggregate number of working days .....  | <b>19.</b> |                                     |                                    |
| <b>20</b> MCTD allocation percentage (divide line 19, column A, by line 19, column B; enter here and on line 2) ..... | <b>20.</b> | %                                   |                                    |

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

**Composition of prepayments claimed on line 7 (see instructions)**

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

|   |  |                         |                                |
|---|--|-------------------------|--------------------------------|
| <b>Third – party designee</b><br>(see instructions) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) | Designee's phone number<br>( ) |
|   | 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.

|   |  |  |                |                    |                        |      |
|---|--|--|----------------|--------------------|------------------------|------|
| <b>Authorized person</b>                      | Signature of authorized person                     |  | Official title |                    |                        |      |
|   | E-mail address of authorized person                |  |                | Date               |                        |      |
| <b>Paid preparer use only</b><br>(see instr.) | Firm's name (or yours if self-employed)            |  | Firm's EIN     |                    | Preparer's PTIN or SSN |      |
|   | Signature of individual preparing this return      |  | Address        |                    | City State ZIP code    |      |
|   | E-mail address of individual preparing this return |  |                | Preparer's NYTPRIN |                        | Date |

See instructions for where to file.