

New York State Department of Taxation and Finance **Reconciliation of Estimated Metropolitan Commuter Transportation Mobility Tax Account for Self-Employed Individuals (including partners)**

| Name as shown on your MCTMT return Socia | | | | | | Social security number (S | SN) | | |
|--|--|-------------|------------------|---------------------|-------|---------------------------|-----|--------|--|
| Mailing address (number and street, rural route, or PO box) Daytime phone number | | | | | | | | | |
| | | | | | | () | | | |
| City, village, or post office | | | | State ZIP code Yo | | Your fax number for reply | | | |
| | | | | | | () | | | |
| _ | | | | | | | | Amount | |
| 1 | Enter the amount in your estimated MCTMT account as provided by the Tax Department | | | | | | 1. | | |
| | | Date | Check number | Bank routing number | Confi | rmation number | | | |
| 2 | Credit from previous year | | | | | | 2. | | |
| 3 | Payment | | | | | | 3. | | |
| 4 | Payment | | | | | | 4. | | |
| 5 | Payment | | | | | | 5. | | |
| 6 | Payment | | | | | | 6. | | |
| 7 | Estimated MCTMT paid with Form MTA-405 (see instructions) | | | | | | 7. | | |
| 8 | Add lines 2 through 7 (enter | er here and | see instructions |) | | | 8. | | |

Instructions

You can check your metropolitan commuter transportation mobility tax (MCTMT) payment summary by accessing our Web site (at *www.nystax.gov*).

Use this form **only** if your records disagree with the estimated MCTMT amount provided by the Tax Department. You may fax or mail your completed form to the MCTMT Account Resolution Unit as follows:

Fax to: (518) 457-3974, or mail to:

NYS TAX DEPARTMENT MCTMT ACCOUNT RESOLUTION UNIT W A HARRIMAN CAMPUS ALBANY NY 12227

Be sure to include the check information or confirmation number for each payment on lines 3 through 6 to allow for proper crediting.

Enter the name and social security number as they appear on your MCTMT return.

Line instructions

Line 2 — Enter the amount of your previous MCTMT overpayment that was credited to your current estimated MCTMT account, as finally determined. If there was an adjustment to your previous MCTMT return, the amount requested may differ from the amount actually credited. You should have received a notice of adjusted credit to advise you of the proper amount.

Lines 3 through 6 — Enter the following information for each payment you made:

If you paid by check — Enter the date, check number, and bank routing number in the appropriate spaces for each payment you made. The bank's *routing number* is the nine-digit number at the bottom left of your check.

If you paid online by direct debit — Enter the date and confirmation number in the appropriate spaces for each online payment you made. The *confirmation number* is a seventeen-character entry beginning with **MCT** that was provided to you at the time you made your direct debit payment on the Tax Department's Web site.

Line 7 — Enter the total amount of estimated MCTMT paid by all partnerships on your behalf with Form(s) MTA-405. Attach either a copy of the statement provided by each partnership showing estimated MCTMT paid on your behalf, or a list showing each partnership's name, federal EIN, and amount of MCTMT paid on your behalf.

Line 8 — If line 8 is the same as line 1, your records agree with ours. Claim the line 1 amount as estimated MCTMT paid on Form MTA-6, *Metropolitan Commuter Transportation Mobility Tax Return*. If line 8 is different from line 1, fax or mail this completed form **immediately** as instructed above. We will review our records and reply to you in time for you to file your return, provided we receive your Form MTA-5.1 by April 15.

Privacy notification — See Form MTA-5-I, *Instructions for Form MTA-5, Estimated Metropolitan Commuter Transportation Mobility Tax Payment Voucher.*