

Amended

Staple forms here

CT-183-M New York State Department of Taxation and Finance Transportation and Transmission Corporation MTA Surcharge Return

Tax Law – Article 9, Section 183-a

	Amended							For ca	llendar year 2011
Γ	Employer identification number		File number	Business tel	ephone nur	mber			If you claim an
				())				overpayment, mark an X in the box
	Legal name of corporation					Trade name/DE	A		
ſ	Mailing name (if different from legal nam	e above)				State or country	of incorporation	Date received	(for Tax Department use only)
	c/o								
	Number and street or PO box					Date of incorpo	ration		
			01-1-	710		Foreign corporat	ana: data bagan		
	City		State	ZIP code		business in NYS	ons. date began		
	If you need to update your address Business information in Form CT-1.		n for corporation	tax, or other	tax types,	you can do so on	line. See	Audit (for Tax E	Department use only)
L	this form if you do business, e		n or lease prop	erty, or mai	ntain an	office in the Me	ropolitan		
	mmuter Transportation District claim liability for the MTA surch			you need n	ot file thi	s form, but you	must		
	Pay amount shown on lin	0		lark State	Corno	ration Tax		L	Payment enclosed
A	Attach your payment here							A.	
			,						
	mputation of MTA su	•	OT 100 /	0)					
1								1. 2.	%
	MCTD allocation percenta	0	,						70
3	Allocated tax (multiply line 1 MTA surcharge (multiply line							3.	
4			-			instructions)		4.	
5	Prepayments with Form C								
6	Overpayment (see instruction	,						-	
7		,						7.	
8	Balance (if line 7 is less than		,					8.	
9	Interest on late payment (s	,						9.	
	Additional late charges (se	,							
11									
12									
	Amount of overpayment to be credited to New York State franchise tax								
	Amount of overpayment to								
15	Amount of overpayment re	efunded (subtract	lines 13 and 14	from line 1	2)			15.	
Sc	hedule A – Computa	ation of MCT	D allocatio	n perce	ntage	(see instruct	ions)		
	•			•	•	, 	,		

Part 1 — General transportation and transmission corporations			A MCTD	B New York State	
16	Accounts receivable	16.			
17	Shares of stock of other companies owned (attach list showing				
	corporate name, shares held, and actual value)	17.			
18	Bonds, loans, and other securities, except U.S. obligations	18.			
19	Leaseholds	19.			
20	Real estate owned	20.			
21	All other assets (except cash and investments in U.S. obligations)	21.			
22	Total (add lines 16 through 21)	22.			
23	MCTD allocation percentage (divide line 22, column A, by line 22, column B; enter here and on line 2)	23.	%		

Part 2 — Corporations operating vessels in MCTD territorial waters	A MCTD territorial waters	B New York State territorial waters	
25 MCTD allocation percentage (<i>divide line 24, column A, by line 24, column B;</i>		%	

Third – par				Designee's phone number ()			
designed (see instruction				PIN			
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.							
Authorized	Printed name of authorized person	Signature of authorized person	e				
person	E-mail address of authorized person		Telephone number ()	Date			
Paid	Firm's name (or yours if self-employed)	Firm	's EIN	Preparer's PTIN or SSN			
preparer use	Signature of individual preparing this return	Address	City	State ZIP code			
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPRIN	Date			

See instructions for where to file.