



Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

MTA-305

(4/12)

Amended return

For help completing your return, see instructions, Form MTA-305-I.

Legal name		
Address (number and street or rural route)		Address change? Mark X (see instr.) <input type="checkbox"/>
City, village, or post office	State	ZIP code

Employer identification number (EIN)

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the last two digits of the tax year.

Jan 1 - Mar 31	<input type="checkbox"/>	Apr 1 - Jun 30	<input type="checkbox"/>	July 1 - Sep 30	<input type="checkbox"/>	Oct 1 - Dec 31	<input type="checkbox"/>	Tax year	<input type="text"/>
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Number of employees — Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter

Enter your 2-character **special condition code**, if applicable (see instructions)

If you **permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT)**, enter the date (MMDDYYYY)

1 Payroll expense subject to the MCTMT (see instructions) 1. .

2 MCTMT due for quarter (see instructions) 2. .

3 Total prepayments including PrompTax payments and/or overpayments from previous quarter (see instructions) ... 3. .

4 MCTMT **balance due** (if line 2 is **more than** line 3, subtract line 3 from line 2; pay this amount) 4. .

5 Total MCTMT overpaid (if line 2 is **less than** line 3, subtract line 2 from line 3; enter here and mark an **X** in box 6a or 6b) .. 5. .

6a. Refund or 6b. Credit to next quarter MCTMT

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼		Date:
Preparer's signature	▶ Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN	
Address	● Employer identification number	
Preparer's e-mail	Mark an X if self-employed <input type="checkbox"/>	
Payroll service's name	Payroll service's EIN	

▼ Taxpayer must sign here ▼	
Taxpayer's signature	
Print signer's name	
Title	
Date	Telephone number ()
E-mail	

Note: If you are using a paid preparer or a payroll service, the section above must be completed.

Make your check or money order payable to: **Commissioner of Taxation and Finance**

Mail this return to: **MCTMT PROCESSING CENTER
PO BOX 4139
BINGHAMTON NY 13902-4139**

0121120094