

Metropolitan Commuter Transportation Mobility Tax Return

MTA-6

For Self-Employed Individuals (including partners)

| | | For the full year J | | through De | ecemt | oer 31, 20 | 14, or fisc | • | eginning Id ending | | 14 |
|--|------------------|--|----------------------------|------------------|----------|-----------------------------|--------------------|--------------|-------------------------|-----------|-----------------------------|
| For help completing your return, see instructions, Form MTA-6-I. Your first name and middle initial Your last name | | | | | | Your social security number | | | | | |
| Mailing address (number and street or rural route) Apartment no. Mar add cha | | | | | | | | ended r | eturn | [| |
| City, village, or post offic | Stat | State ZIP cod | | | | | | | | | |
| Enter your 2-charac if applicable (see in | - | | • | | - | | o enter yc code | | | | • |
| 1 Net earnings fro district (MCT | | bloyment allocated | | | | - | | . 1. | | | • |
| 2 Metropolitan co | ommuter tra | nsportation mobility | y tax (MCTMT) |) (multiply lin | ne 1 by | / .34% (.0 | 0034)) | . 2. | | | • |
| 3 Total estimated | МСТМТ ра | ayments and/or ext | tension paymer | nts with Fo | rm M | TA-7 (see | e instruction: | s) 3. | | | • |
| 4 MCTMT balance | ce due (if lir | e 2 is more than line | e 3, subtract line | 3 from line 2 | 2; pay | this amou | unt) | . 4. | | | • |
| 5 Estimated tax p reduce the ove | • • | ide this amount in lin line 6; see instructio | | 5. | | | • | | | | |
| 6 MCTMT overpa enter here and | | is less than line 3, si box 7a or 7b) | | | | | | 6. | | | • |
| | | | 7a. R | efund |] | or | 7b. (| | your 201 structions) | | ted tax |
| Third-party designee ? (see instr.) | Print desig | iee's name | | | Des (| ignee's ph) | none numbe | er | | | identification ber (PIN) |
| Yes No | E-mail: | | | | | , | | | | | |
| Paid preparer mu | ust complete | see instructions) | Date: | | | | • | Taxpaver | must sign | here 🔻 | |
| Preparer's signature | | | Preparer's N' | Your sig ► | | | | | | | |
| Firm's name (or yours, | , if self-employ | əd) | Preparer's P Employer ider | | bor | Your oo | cupation | | | | |
| Aug 235 | | | Mar | k an X if | | • Date | σαμαιιστι | | ▼ Daytime | phone nun | nber |
| E-mail: | | | self- | -employed | | E-mail: | | | | | |

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

Mail to: MCTMT PROCESSING CENTER, PO BOX 4135, BINGHAMTON NY 13902-4135

For information about private delivery services, see instructions.