NEW YORK STATE 2016

CT-186-M

Department of Taxation and Finance
Utility Corporation MTA Surcharge Return
For continuing section 186 taxpayers only (certain independent power producers)
Tax Law – Article 9, Section 186-b

Amended return ☐

For calendar year 2016

Employer identification number (EIN)	File number	NYS principal business activity	If you claim an overpayment, mark an *X* in the box ☐

Legal name of corporation	Trade name/DBA

Mailing name *(if different from legal name above)* and address c/o	State or country of incorporation	Date received *(for Tax Department use only)*

Number and street or PO box	Date of incorporation	

City	State	ZIP code	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. See *Business information* in Form CT-1.

A. Pay amount shown on line 16. Make payable to: ***New York State Corporation Tax***
Attach your payment here. Detach all check stubs. *(See instructions for details.)* **A**

Payment enclosed

Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage *(see instructions)*

			A MCTD		**B** New York State
1	Gross earnings from operating revenue	1			
2	Gross earnings from interest and dividends	2			
3	Gross earnings from other revenues	3			
4	Total	4			
5	MCTD allocation percentage *(divide line 4, column A, by line 4, column B)*	5			%

Computation of MTA surcharge

6	Net New York State franchise tax *(from Form CT-186, line 7)*	6	
7	Allocated tax *(multiply line 6 by line 5)*	7	
8	**Metropolitan transportation business tax (MTA surcharge)** *(multiply line 7 by 17% (.17))*	8	
	First installment of estimated MTA surcharge for next period:		
9a	If you filed a request for extension, enter the amount from Form CT-5.6, line 7	9a	
9b	If you did not file Form CT-5.6, see instructions	9b	
10	Add lines 8 and 9a or 9b	10	
11	Total prepayments *(from line 27)*	11	
12	Balance *(if line 11 is less than line 10, subtract line 11 from line 10)*	12	
13	Estimated tax penalty *(see instructions; mark an X in the box if Form CT-222 is attached)* ☐	13	
14	Interest on late payment *(see instructions)*	14	
15	Late filing and late payment penalties *(see instructions)*	15	
16	**Balance due** *(add lines 12 through 15 and enter here; enter the payment amount on line A above)*	16	
17	Overpayment *(if line 10 is less than line 11, subtract line 10 from line 11; see instructions)*	17	
18	Amount of overpayment to be credited to New York State franchise tax	18	
19	Amount of overpayment to be credited to MTA surcharge for next period	19	
20	Amount of overpayment to be refunded	20	

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Composition of prepayments claimed on line 11 *(see instructions)*		Date paid	Amount	
21 Mandatory first installment	**21**			
22a Second installment from Form CT-400	**22a**			
22b Third installment from Form CT-400	**22b**			
22c Fourth installment from Form CT-400	**22c**			
23 Payment with extension request *(from Form CT-5.6, line 10)*	**23**			
24 Overpayment credited from prior years			**24**	
25 Add lines 21 through 24 .... ●			**25**	
26 Overpayment credited from Form CT-186 [Period ___] .... ●			**26**	
27 Total prepayments *(add lines 25 and 26; enter here and on line 11)*			**27**	

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*		Designee's phone number ( )
	Designee's e-mail address			PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person		Telephone number ( )		Date
Paid preparer use only *(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 or	Excl. code	Date

See instructions for where to file.

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