



CT-183-M

Department of Taxation and Finance

Transportation and Transmission Corporation
MTA Surcharge Return

Tax Law – § 183-a

TAX_YEAR

Amended
return ☐

AMND_RTN_IND

For calendar year 2026

Employer identification number (EIN) EXT_TP_ID	File number FCC_CD/CHECK_DIGIT	Business telephone number () TP_PHONE_NMBR	If you claim an overpayment, mark an X in the box OVPMT_IND
Legal name of corporation LEGAL_NAME	Trade name/DBA BUS_TRADE_NAME		
Mailing address Care of (c/o) MAILING_NAME	State or country of incorporation STATE_INCORP_NAME		
Number and street or PO Box MAIL_LN_1_ADR MAIL_LN_2_ADR	Date of incorporation INCORP_DATE	Foreign corporations: date began business in NYS FRGN_BBNY_DATE	
City MAIL_CITY_ADR	U.S. state/Canadian province MAIL_STATE_ADR	ZIP/Postal code MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR	Country (if not United States) MAIL_CNTRY_CD
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			For office use only DCMT_RCVD_DT

File this form if you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) (see *instructions*). If not, you need not file this form, but you must disclaim liability for the MTA surcharge on Form CT-183.

A. Pay amount shown on line 11. Make payable to: **New York State Corporation Tax**
Attach your payment here. Detach all check stubs. (See *instructions* for details.)

Payment enclosed

A **REMIT_AMT** **PYMNT_AMT**

Calculation of MTA surcharge

1 New York State franchise tax (from 2025 Form CT-183, line 6)	1	NET_NY_TAX_AMT	
2 MCTD allocation percentage (from line 23 or 25)	2	MCTD_ALLOC_PCT	%
3 Allocated tax (multiply line 1 by line 2)	3	ALLOC_TAX_AMT	
4 MTA surcharge (multiply line 3 by 17% [0.17])	4	MTA_SRCHRG_AMT	
5 Prepayments with Form CT-5.9, line 10	5	PREPAY_AMT	
6 Overpayment (see instructions) Period OVPMT_PRD_DT	6	CRD_FROM_AMT	
7 Total prepayments (add lines 5 and 6)	7	TOT_PREPAY_AMT	
8 Balance (if line 7 is less than line 4, subtract line 7 from line 4)	8	BAL_AMT	
9 Interest on late payment (see instructions)	9	INT_LATE_PAY_AMT	
10 Additional late charges (see instructions)	10	LATE_FIL_AMT	
11 Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above)	11	BAL_DUE_AMT	
12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7; see instructions)	12	OVPMT_AMT	
13 Amount of overpayment to be credited to New York State franchise tax (see instructions)	13	OVRPMT_CR_NY_AMT	
14 Amount of overpayment to be credited to MTA surcharge for next period (see instructions)	14	OVRPMT_CR_MTA_AMT	
15 Amount of overpayment refunded (subtract lines 13 and 14 from line 12; see instructions)	15	RFND_AMT	

Schedule A – Calculation of MCTD allocation percentage (see instructions)

Part 1 – General transportation and transmission corporations
(see instructions)

	A MCTD	B New York State
16 Accounts receivable	16 MCTD_ACCTS_RCV_AMT	NYS_ACCT_RCV_AMT
17 Shares of stock of other companies owned (attach list showing corporate name, shares held, and actual value)	17 MCTD_SHR_STCK_AMT	NYS_SHR_STCK_AMT
18 Bonds, loans, and other securities, except U.S. obligations	18 MCTD_BONDS_AMT	NYS_BONDS_AMT
19 Leaseholds	19 MCTD_LSHLDS_AMT	NYS_LSHLDS_AMT
20 Real estate owned	20 MCTD_RE_OWN_AMT	RL_EST_OWN_NYS_AMT
21 All other assets (except cash and investments in U.S. obligations)	21 MCTD_OTHER_AMT	NYS_OTHER_AMT
22 Total (add lines 16 through 21)	22 MCTD_TOT_AMT	NYS_TOT_AMT
23 MCTD allocation percentage (divide line 22, column A, by line 22, column B; enter here and on line 2)	23 MCTD_A_ALLOC_PCT	%



Part 2 – Corporations operating vessels in MCTD territorial waters
(see instructions)

24 Aggregate number of working days.....

25 MCTD allocation percentage (divide line 24, column A, by line 24, column B; enter here and on line 2)

	A MCTD territorial waters	B New York State territorial waters
24	MCTD_WRK_DAY_NMBR	NYS_WRK_DAY_NMBR
25	MCTD_ALLOC_P2_PCT %	

Third – party designee (see instructions)	☐ Yes ☐ No ☐ THRD_PRTY_DSGN_IND		Designee's name (print) THRD_PRTY_NAME	Designee's phone number () THRD_PRTY_PH_NMBR
	Designee's email address THRDPRTY_EMAIL_ADR			PIN THRD_PRTY_PIN_NMBR

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 AUTHOFGR_FRST_NAME AUTHOFGR_LAST_NAME		Signature of authorized person		Official title AUTHOFGR_TTLE_DESC	
	Email address of authorized person TP_EMAIL_ADR		Telephone number () AUTH_PH_NMBR		Date AUTH_OFGR_SGN_DT	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FIRM_NAME		Firm's EIN PAID_PREPARER_ID		Preparer's PTIN or SSN PREP_SSN_NMBR	
	Signature of individual preparing this return		Address PREP_LN_1_ADR PREP_LN_2_ADR		City PREP_CTY_ADR	State PREP_ST_ADR
	Email address of individual preparing this return PP_EMAIL_ADR		Preparer's NYTPRIN or TX_PREP_RGST_ID		Excl. code EXCL_CD	Date PREP_SIGN_DT

See instructions for where to file.

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