

**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
return ☐For calendar year **2013**

Employer identification number (EIN)	File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) 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			Audit (for Tax Department use only)
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.			

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	Payment enclosed
Attach your payment here. Detach all check stubs. (See <i>instructions</i> for details.)	

Computation of MTA surcharge

1 New York State franchise tax (from 2012 Form CT-183, line 6)	1	
2 MCTD allocation percentage (from line 23 or 25)	2	%
3 Allocated tax (multiply line 1 by line 2)	3	
4 MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see <i>instructions</i>)	4	
5 Prepayments with Form CT-5.9, line 10	5	
6 Overpayment (see <i>instructions</i>) Period <input type="text"/>	6	
7 Total prepayments (add lines 5 and 6)	7	
8 Balance (if line 7 is less than line 4, subtract line 7 from line 4)	8	
9 Interest on late payment (see <i>instructions</i>)	9	
10 Additional late charges (see <i>instructions</i>)	10	
11 Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above)	11	
12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7; see <i>instructions</i>)	12	
13 Amount of overpayment to be credited to New York State franchise tax (see <i>instructions</i>)	13	
14 Amount of overpayment to be credited to MTA surcharge for next period (see <i>instructions</i>)	14	
15 Amount of overpayment refunded (subtract lines 13 and 14 from line 12; see <i>instructions</i>)	15	

Schedule A — Computation of MCTD allocation percentage (see *instructions*)

Part 1 — General transportation and transmission corporations (see <i>instructions</i>)		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	%	

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

		A MCTD territorial waters	B New York State territorial waters
24 Aggregate number of working days.....	24		
25 MCTD allocation percentage (divide line 24, column A, by line 24, column B; enter here and on line 2)	25	%	

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	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		Date

See instructions for where to file.

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