Department of Taxation and Finance Transportation and Transmission Corporation **CT-183-M** MTA Surcharge Return

Tax Law – Article 9, Section 183-a

Employer identification number (EIN) File number Business telephone number If you claim an overpayment, mark, and an the box Legal name of corporation Trade name/DBA Mailing name (if different from legal name above) State or country of incorporation Date received (for Tax Department use on overpayment, mark) Cip State or PO box Date of incorporation Date received (for Tax Department use on 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 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. If not, you need not file this form, but you must disclaim liability for the MTA surcharge Audit (for Tax Department use only) Computation of MTA surcharge Audit (for Tax Corporation Tax Audit (for Tax Department use only) A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax A Payment enclosed A. Alach your payment here. Detach all check stubs. (See instructions for details.) A A A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax A A A. Alach your payment here. Detach all check stubs. (See instructions) A A A. More tax (from 2015 Form CT-183, line 6) 1 2 2	Amended return					For cal	lendar year 20 1	16
Legal name of corporation Trade name/DBA Mailing name (if different from legal name above) Trade name/DBA Co Date of incorporation Number and street or PO box Date of incorporation City State City State Transportation Foreign corporations: date began Dates of incorporation Foreign corporations: date began Lip you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Audit (for Tax Department use only) File this form in Form CT-1. Foreign corporations: date began Audit (for Tax Department use only) A pay amount shown on line 11. Make payable to: New York State Corporation Tax Payment enclosed A Attach your payment here. Detach all check stubs. (See instructions for details.) A Computation of MTA surcharge 1 1 New York State franchise tax (from 2015 Form CT-183, line 6) 1 2 MCTD allocation percentage (from line 23 or 25) 3 3 Allocated tax (multiply line 1 by line 2) 3 4 Tasurcharge 5 6 Overpayment (see instructions) 6 7 8 Balance (if line 7 is less than line 4, subtract line 7 from line 4) 8 <t< th=""><th>Employer identification number (EIN)</th><th>File number</th><th>Business telephone</th><th>number</th><th></th><th></th><th>If you claim an</th><th></th></t<>	Employer identification number (EIN)	File number	Business telephone	number			If you claim an	
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3 Allocated tax (multiply line 1 by line 2) 4 MTA surcharge (multiply line 3 by 17% (.17) 5 Prepayments with Form CT-5.9, line 10 6 Overpayment (see instructions) 7 Total prepayments (add lines 5 and 6) 8 Balance (if line 7 is less than line 4, subtract line 7 from line 4) 9 Interest on late payment (see instructions) 10 Additional late charges (see instructions) 11 Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above) 11 Overpayment (if line 4 is less than line 7, subtract line 7, subtract line 7; see instructions) 12 Overpayment (if line 4 is less than line 7, subtract line 7, subtract line 7, subtract line 7, subtract line 7, see instructions) 13 Amount of overpayment to be credited to New York State franchise tax (see instructions) 14								%
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Schedule A – Computation 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					
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		%			



NEW YORK STATE

Amended

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

Third – par designed (see instruction	Designee's e-mail address			De (esignee's phone) PIN	e number			
Certificatio	Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.								
Authorized	Printed name of authorized person	Signature of authorized person		Official title					
person	E-mail address of authorized person	Telephone nu ()	Date						
Paid	Firm's name (or yours if self-employed)		Firm's EIN	F	Preparer's PTI	l or SSN			
preparer use	Signature of individual preparing this return	Address	Cit	ty	State	ZIP code			
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPRIN	or Excl.	code Date				

See instructions for where to file.

