Department of Taxation and Finance Transportation and Transmission Corporation **CT-183-M** MTA Surcharge Return Tax Law – Article 9, Section 183-a

	Amended return						For	calendar	year 20)21
	Employer identification number (EIN)	File number	Busin	ess telephone nu	ımber				l claim an	
			()					payment, mar in the box	× 🗌
	Legal name of corporation		,	,	Trade	name/DBA				
	Mailing address				State o	or country of incorporatio	n			
	re of (c/o)									
	Number and street or PO box				Date of	f incorporation	Foreign co	rporations: date be	egan business i	n NYS
	City U.S. state/Canadian province	ZIP/Postal cod	e	Country (if not U	Jnited States))	For office	use only		
	If you need to update your address or phone information <i>Business information</i> in Form CT-1.	for corporation ta	x, or of	her tax types,	you can do	so online. See				
Со	e this form if you do business, employ capital, own ommuter Transportation District (MCTD) (see instru- cclaim liability for the MTA surcharge on Form CT-1	<i>ictions)</i> . If not, y								
	. Pay amount shown on line 11. Make paya	ole to: New Yo				ax		Payment e	nclosed	
	Attach your payment here. Detach all chec	k stubs. (See	instru	ctions for det	ails.)		Α			
Cc	omputation of MTA surcharge									
	New York State franchise tax (from 2020 For	m 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)			·····			. 4			
5	Prepayments with Form CT-5.9, line 10									
6	Overpayment (see instructions)			6						
7	Total prepayments (add lines 5 and 6)						7			
8	Balance (if line 7 is less than line 4, subtract line	e 7 from line 4)					8			
9	Interest on late payment (see instructions)						• 9			
10	Additional late charges (see instructions)						• 10			
11	Balance due (add lines 8, 9, and 10 and enter l	here; enter the p	bayme	ent amount o	n line A ab	oove)	. 11			
12	Dverpayment (if line 4 is less than line 7, subtract line 4 from line 7; see instructions)						12			
13	Amount of overpayment to be credited to New York State franchise tax (see instructions)					• 13				
14	Amount of overpayment to be credited to M	ITA surcharge	for n	ext period (see instru	ctions)	. 14			
15	Amount of overpayment refunded (subtract l	ines 13 and 14	from I	ine 12; see ii	nstructions	s)	. 15			
20	bodulo $\Lambda = Computation of MCTD$	allocation	por	contago	(soo inst	tructions)				

Schedule A Computation of MCID 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	0	%			



NEW YORK STATE

Amended

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

Third – par designee (see instruction	Designee's email address			D (esignee's phor	ne number			
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	Email address of authorized person		Telephone n ()	umber	Date				
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PT	IN or SSN			
preparer use	Signature of individual preparing this return	Address	C	ity	State	ZIP code			
only (see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN	or Excl	l. code Date				

See instructions for where to file.

